

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20681

State File No. _____
Registrar's No. 316

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>		State File No. _____		Registrar's No. <u>316</u>			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin			c. LENGTH OF STAY (If this place) 22 Yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin			0475		
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 627 1/2 Main Street							
3. NAME OF DECEASED (Type or Print) a. (First) Amos			b. (Middle)			c. (Last) MAHAN			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH August 13, 1893		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 10 Days 20	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man				10b. KIND OF BUSINESS OR INDUSTRY St John's Hospital		11. BIRTHPLACE (State or foreign country) Dudley, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME William I. Mahan			13b. MOTHER'S MAIDEN NAME Elisa Green			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dale Mahan Fayetteville, N. Carolina					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Meningitis								INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disseminated Tuberculosis								3 mo	
		DUE TO (c) none									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none								010X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>49</u> , to <u>3 July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3 July</u> , 19 <u>50</u> , and that death occurred at <u>2:55P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE Robert Paul (Degree or title) MD				23b. ADDRESS Galena Kans				23c. DATE SIGNED 5 July 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin Missouri					
DATE REC'D BY LOCAL REG. 7-6-50		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Joplin Mo.						

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49

RECEIVED 7-10-50
Jasper County Health Office

County File Number 50-6-521

Date Filed 7-10-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed William E. Throckmorton

Licensed Embalmer No. 4170

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.