

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23600**
2909

FILED JUL 22 1950

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2909</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2603 E. 31st St.</u>				d. STREET ADDRESS (If rural, give location) <u>2603 E. 31st St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E</u> c. (Last) <u>Mc MAHAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1950</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1861</u> <u>Sept. 10, 1861</u>		9. AGE (in years last birthday) <u>88</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper, County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wm. Henry Mc Mahan</u>			13b. MOTHER'S MAIDEN NAME <u>Letitia Hornbeck</u>		14. NAME OF HUSBAND OR WIFE <u>Lue Mc Mahan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. C. Woollet, 1412 W. B'way, Sedalia</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) <u>Senility - Coronary heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> <u>2 months</u> <u>Indef.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)		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>May 10, 1950</u> , to <u>July 2, 1950</u> , that I last saw the deceased alive on <u>July 1, 1950</u> , and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward A. Samuelson M.D.</u>				23b. ADDRESS <u>2603 E 31st St. K.C. 3, Mo.</u>		23c. DATE SIGNED <u>July 2-1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackwater Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>7-2-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Dehart</u>		ADDRESS <u>Sedalia, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.