

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

Date File No. 3636

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 3.

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 210 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 Washington			

3. NAME OF DECEASED (Type or Print) a. (First) Arabelle b. (Middle) M. c. (Last) Foster			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 16, 1861		9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Webster County		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY Home	

13a. FATHER'S NAME William T. McMahan		13b. MOTHER'S MAIDEN NAME Susan Freeman		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John Foster	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH		ADDRESS Home	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		DUE TO (b) Arteriosclerosis, Generalized		Few minutes	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		Several Years	
II. OTHER SIGNIFICANT CONDITIONS		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		4201	
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 Jan. 3, 1951, to Jan. 10, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 11:15 P.M., from the causes and on the date stated above.					

23a. SIGNATURE C.P. Macdonnell, M.D.		23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED Jan. 11, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Marshfield Cemetery	
24d. LOCATION (City, town, or county) (State) Marshfield Mo.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. 1-11-51		REGISTRAR'S SIGNATURE J. Francisco 392		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barber-Barto Funeral Home Marshfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 9 Mansfield

RECEIVED JAN 15 1951

Dist. File 15-114

Date Filed 1-13-51

JAN 15 1951

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Mansfield, 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.