

No. 300  
10. 48

RECORDED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35828

State File No. ....

BIRTH NO. .... REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 3886 Registrar's No. 26

1. PLACE OF DEATH  
 a. COUNTY Ozark  
 b. CITY OR TOWN Roskridge - Jackson  
 c. LENGTH OF STAY (in this place) Wife  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo. b. COUNTY Ozark  
 c. CITY OR TOWN Rural - Jackson  
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
 (Type or Print)  
 a. (First) Georgie b. (Middle) Ann c. (Last) Mahan

4. DATE OF DEATH (Month) (Day) (Year)  
10 18 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
2

8. DATE OF BIRTH 10-10-1858

9. AGE (In years last birthday) 94

IF UNDER 1 YEAR Months 1 Days 18 Hours 15 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Tenn.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
John E. Patterson

13b. MOTHER'S MAIDEN NAME  
Amanda Davis

14. NAME OF HUSBAND OR WIFE  
William H. Mahan

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 ADDRESS  
Frank Mahan Roskridge

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) Cerebral hemorrhage  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
331X

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, to 10/18/52, that I last saw the deceased alive on 10/17/52, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title)  
M. Hoerman DO

23b. ADDRESS  
Gainesville Missouri

23c. DATE SIGNED  
10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
Oct 21 52

24c. NAME OF CEMETERY OR CREMATORY  
Sooden, Mo.

24d. LOCATION (City, town, or county) (State)  
Rural

DATE REC'D BY LOCAL REG.  
Oct 25 52

REGISTRAR'S SIGNATURE  
Shane Mahan 461-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Clunkinghard Emma Mae Ginnell

(Licensed Embalmer's Statement on Reverse Side)

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

0770

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 *Charles R. Fish*

Licensed Embalmer No. *4662*

P. O. Address *Ana, Md.*

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.