

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31367

FILED OCT 2^d 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>06</u>		PRIMARY REG. DIST. NO. <u>532</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>					
b. CITY OR TOWN <u>Benton, Mo. S. of R.R.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Cuba, Benton</u>		d. STREET ADDRESS (If rural, give location) <u>2280</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>Wesley</u>		c. (Last) <u>McMahon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>March 24 1884</u>		9. AGE (In years last birthday) <u>69</u> 10. IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u> 11. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Licking, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John McMahon</u>			13b. MOTHER'S MAIDEN NAME <u>Narcissus</u>			14. NAME OF HUSBAND OR WIFE <u>Divorced</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-12-4402</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Busby</u>			ADDRESS <u>Cuba, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>occlusion</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>DEAD</u> <u>at Ancestral</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. B. Skillings</u>				23b. ADDRESS <u>2 Cuba Mo.</u>		23c. DATE SIGNED <u>9-19-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Under Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>			
DATE REC'D BY LOCAL REG. <u>OCT 2 1953</u>		REGISTRAR'S SIGNATURE <u>Wesley A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley A. Bridges</u>		ADDRESS <u>Cuba, Mo.</u>			

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

STATEMENT BY LICENSED EMBALMER

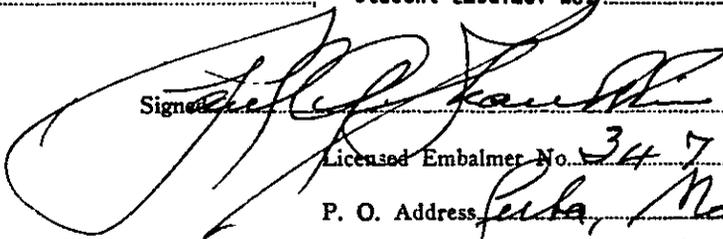
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Peula, 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.