

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42667**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **281**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wrich 0620	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp.		d. STREET ADDRESS (If rural, give location) Gen. Delaney	

3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) Green c. (Last) McMAHAN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 28 1886		9. AGE (In years last birthday) 67 3 27 3 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Cooper County Mo		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Henry Mc Mahan		13b. MOTHER'S MAIDEN NAME Laura Younger		14. NAME OF HUSBAND OR WIFE Blanche Mc Mahan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Mc Mahan Wrich Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 3 months 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca. of both sides of neck DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 1991	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 **10 July 1953**, to **25 Dec 1953**, that I last saw the deceased alive on **23 Dec 1953**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 10 Dec 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/27/53	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.	
DATE RECD BY LOCAL REG. Dec 17-53	REGISTRAR'S SIGNATURE Florence Adams	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Wilkinson Funeral Home Clinton Mo.		

(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 F. Lee Schabug

Licensed Embalmer No. 45 P3

P. O. Address Clinton MS

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.