

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5540 Registrar's No. 48

**I. PLACE OF DEATH**  
 a. COUNTY Molt  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forbes, Nodaway Twp. c. LENGTH OF STAY (in this place) 6 Days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Forbes, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Nebraska b. COUNTY Lancaster  
 c. CITY OR TOWN Lincoln  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 5343 Francis 82609

**3. NAME OF DECEASED**  
 a. (First) Edith b. (Middle) \_\_\_\_\_ c. (Last) McMahon  
 4. DATE OF DEATH (Month) (Day) (Year) August 8, 1954

**5. SEX** female **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** widowed **8. DATE OF BIRTH** August 12, 1886 **9. AGE** (In years last birthday) 67 **IF UNDER 1 YEAR** Months \_\_\_\_\_ **IF UNDER 24 HRS.** Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) COOK **10b. KIND OF BUSINESS OR INDUSTRY** FRAT. HOUSE **11. BIRTHPLACE** (City and State or Foreign Country) Iowa **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** SAMUEL Nathaniel Carter **13b. MOTHER'S MAIDEN NAME** Mary Townsend **14. NAME OF HUSBAND OR WIFE** John McMahon

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** 305-16-0916 **17. INFORMANT'S SIGNATURE OR NAME** Mrs L.E. Hamner **ADDRESS** 5343 Francis St., Lincoln N

**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.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Coronary Occlusion **INTERVAL BETWEEN ONSET AND DEATH** 3-4 days  
 ANTECEDENT CAUSES **DUE TO (b)** Coronary Thrombosis 3-4 days  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (c)** Arteriosclerotic heart disease Unknown  
**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** \_\_\_\_\_ **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) \_\_\_\_\_ **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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:02 A.M., from the causes and on the date stated above.

**23a. SIGNATURE** Isaac J. Swanson M.D. Co. Health Officer (Degree or title) **23b. ADDRESS** Oregon, Missouri **23c. DATE SIGNED** 8-8-54

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Removal **24b. DATE** 8-9-1954 **24c. NAME OF CEMETERY OR CREMATORY** MEMORIAL PARK Cem. **24d. LOCATION** (City, town, or county) (State) LINCOLN, NEBRASKA

**DATE RECD BY LOCAL REG.** 8-9-1954 **REGISTRAR'S SIGNATURE** James H. Pittenger **469** **25. FUNERAL DIRECTOR'S SIGNATURE** James H. Pittenger **ADDRESS** Oregon Mo.

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

1956 NOV 4

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.....  
Signature of Student Embalmer

Signed *James H. Pettigrew*.....  
Licensed Embalmer No. *3193*.....  
P. O. Address *Oregon 7*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.