

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27969

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 387

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give town) Jopline
c. LENGTH OF STAY (in this place) 8 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Edwards Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kan. b. COUNTY Cherokee
c. CITY OR TOWN Scammon
d. Is residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 8150 S

3. NAME OF DECEASED (Type or Print)
a. (First) Edward b. (Middle) Mahan c. (Last) Mahan
4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1954

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Mar 3, 1875 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner 10b. KIND OF BUSINESS OR INDUSTRY Coal mine 11. BIRTHPLACE (City and State or Foreign Country) Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Larry Mahan 13b. MOTHER'S MAIDEN NAME Ann Walsh 14. NAME OF HUSBAND OR WIFE Mary Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mr. Pearl Hooper ADDRESS

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of mouth
ANTECEDENT CAUSES
Morbidity 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 144 X 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) (Min.) 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 Oct, 1953 to Aug, 1954, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 6:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Hall, M.D. 23b. ADDRESS Trusco Bldg, Joplin 23c. DATE SIGNED 8/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 8-6-54 24c. NAME OF CEMETERY OR CREMATORY St. Bridget's 24d. LOCATION (City, town, or county) (State) Scammon Kan

DATE REC'D BY LOCAL REG. 8-9-54 REGISTRAR'S SIGNATURE W. A. Hall 25. FUNERAL DIRECTOR'S SIGNATURE Edward J. Guinn - Pella, Kan ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1950

RECEIVED AUG 16 1950
Jasper County Health Office
County File Number 54-8-6
Date Filed AUG 16 1950

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 self....., Student Embalmer No. L

working under my personal supervision..

Student L.....
Signature of Student Embalmer

Signed Edward J. Guinn.....

Licensed Embalmer No. 3256

P. O. Address Pittsburg 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.