

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12034

State File No.

1750

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 65 YRS.	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 2620 ASKEW		36 STREET ADDRESS (If rural, give location) 2620 ASKEW	
3. NAME OF DECEASED (Type or Print) a. (First) LIDA		b. (Middle) C.	
c. (Last) McMAHAN		4. DATE OF DEATH (Month) (Day) (Year) 4 19 55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 19, 1867
9. AGE (In years last birthday) 88		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) QUINCY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN MARTIN	
13b. MOTHER'S MAIDEN NAME MARGARET STEEN		14. NAME OF HUSBAND OR WIFE MILLARD JACKSON McMAHAN	
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 MRS. GOLDIE V. WHITBREAD		ADDRESS *2620 ASKEW *KC, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 Hours	
ANTECEDENT CAUSES		DUE TO (b) Acute Viral Enteritis	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		5711	
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 <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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
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 <u>4-16, 1955</u> , to <u>4-19, 1955</u> , that I last saw the deceased alive on <u>4-17, 1955</u> and that death occurred at <u>10:51 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. W. Thompson</i>		23b. ADDRESS 6218 W. 8th St. J.P. Mo	
23c. DATE SIGNED 4-20-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4/21/55		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE MELLODY MCGILLEY EYLAR	
DATE REC'D BY LOCAL REG 4-20-55		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	
ADDRESS KANSAS CITY, MO.		ADDRESS KANSAS CITY, MO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Wm. W. Thompson

Dr. Wm. Thompson
6218 Colby street
St. 7126

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.....

Arthur Eugene Cook

Licensed Embalmer No. 4912

P. O. Address K. C. 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.