

No. 300  
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 24 1955

STANDARD CERTIFICATE OF DEATH

25592

State File No. ....

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>5266</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>Ozark, Christian Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Ozark, Missouri</u>		c. LENGTH OF STAY (In this place) <u>11 1/2</u> years		c. CITY - OR TOWN <u>Gainesville, Mo</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blessed Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>Gainesville, Mo. 0770</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u> b. (Middle) <u>Newton</u> c. (Last) <u>Mahan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1955</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 8, 1870</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR <u>8</u> Months		IF UNDER 24 HRS. <u>11</u> Hours		IF UNDER 1 MIN. <u></u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pontiac, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Mahan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Naves</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Weaver Mtn. Home, Ark.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Myocardial infarction</u> DUE TO (c) <u>arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					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)		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>4/18</u> , 19 <u>55</u> , to <u>6/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/10</u> , 19 <u>55</u> , and that death occurred at <u>11:50 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Vincent P. McCormick, M.D.</u> (Degree or title)				23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>8/13/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pontiac Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pontiac, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 20-1955</u>		REGISTRAR'S SIGNATURE <u>Luetta Leonard</u>		59-11 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Young</u>		ADDRESS <u>Mountain Home, Ark.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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~~ Robert J. Young, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Robert J. Young

Licensed Embalmer No. 10

P. O. Address Mtn. Home

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.