

FILED MAR 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7883

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>4243</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>			
b. CITY OR TOWN <u>SEYMOUR</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SEYMOUR</u>		11210	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>BEULAH</u> c. (Last) <u>McMAHAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2, 1956</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JANUARY 27, 1870</u>		9. AGE (In years last birthday) <u>86</u>	10 UNDER 1 YEAR Months Days	11 UNDER 18 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MARSHFIELD, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS K. PAUL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE STEELE</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL R.</u>			
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>YVONNE BAKER, 627 E. PORTLAND, Sp'd. Mo.</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>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis - generalized.</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>					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) (Min.)		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>3-6</u> , 19 <u>56</u> to <u>3-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>56</u> , and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Sullivan, M.D.</u>				23b. ADDRESS <u>John W. Sullivan, Jr.</u>		23c. DATE SIGNED <u>3-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SEYMOUR, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>3-12-1956</u>	REGISTRAR'S SIGNATURE <u>Hugh Jones</u>		343-	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. K. Ferrell</u>		ADDRESS <u>Seymour, Mo.</u>	

(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 Paul G. Ferrell

Licensed Embalmer No. 4847

P. O. Address Manfield, 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 this body is not embalmed, fact should be so stated above.