

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1956

State File No.

BIRTH NO. ... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1008

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Kansas City Mo</i>	c. LENGTH OF STAY (in this place) <i>D.O.A.</i>	c. CITY OR TOWN <i>Rural Jackson Co</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DoA. St Joseph Hospital</i>		STREET ADDRESS (If rural, give location) <i>9103 Holmes St 1001</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Jesse</i> b. (Middle) <i>Mahan Jr</i> c. (Last) <i>Mahan Jr</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3-5-1956</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>6-9-1941</i>
9. AGE (In years last birthday) <i>14</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Schoolboy</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>Pontiac Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Jesse Mahan Jr</i>	13b. MOTHER'S MAIDEN NAME <i>Blanche Hellhouse</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Jesse Mahan Jr 9103 Holmes</i>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Sticks + venous thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>E 8:24</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>from multiple skull fractures + massive retropneumothorax</i>		
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>acc. death</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St Louis</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3-5-56 8:35 m</i>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Struck by a car</i>

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Geo. C. Kealhofer 4th Deputy Coroner</i>	23b. ADDRESS <i>6627 Prospect St Mo</i>	23c. DATE SIGNED <i>3-6-56</i>
24a. BURIAL, CREMATION, (REMOVAL) (Specify) <i>Burial</i>	24b. DATE <i>3-9-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pontiac Mo Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Pontiac Missouri</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>France-Wornall Funeral Home KC Mo</i>	
DATE REC'D BY LOCAL REG. <i>3-7-56</i>	REGISTRAR'S SIGNATURE <i>neva minshall</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Geo. C. Kealhofer

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.....

Licensed Embalmer No. 42

P. O. Address K.C.

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.