

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16830**

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>78</u>					
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webb City, Mo</u>)		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY OR TOWN <u>Webb City, 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>401 N. Webb St.</u>				e. STREET ADDRESS (If rural, give location) <u>401 N. Webb St.</u> 0490							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>James</u>		b. (Middle) <u>B. V</u>		c. (Last) <u>Mahood</u>				
4. DATE OF DEATH			(Month) <u>May</u>		(Day) <u>20</u>		(Year) <u>1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Sept. 23 1872</u>		9. AGE (In years last birthday) <u>83</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.a</u>					
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Unknown</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Above from record left by Mr. Mahood</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Collapse</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Stat.</u>			
ANTECEDENT CAUSES Morbid 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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			4222		
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) m.			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>5-20, 1956</u> , to <u>5-20, 1956</u> , that I last saw the deceased alive on <u>5-20, 1956</u> and that death occurred at <u>11:40A.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Webb City, Mo</u>				23c. DATE SIGNED <u>May 21, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>May 22, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Castanville Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Castanville Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-22-56</u>				REGISTRAR'S SIGNATURE <u>Mr. Madeline Switzer</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Ance-Simpson Mortuary</u> ADDRESS <u>Webb City, Mo.</u>			

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

RECEIVED
Jasper County
MAY 28 1956
County File Number
MAY 6-5-4187
Date Filed
MAY 5 1956

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 Lawley E. Bruce
Licensed Embalmer No. 444

P. O. Address W. H. City

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.