

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17254

FILED JUN 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> / <u>1</u>		c. LENGTH OF STAY (to this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 West Third</u>		e. STREET ADDRESS (If rural, give location) <u>509 West Third</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Madison</u> c. (Last) <u>Mahin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	
8. DATE OF BIRTH <u>Dec-28-1879</u>		9. AGE (If years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air Base</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knobnoster Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Madison Mahin</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Leticia Marshall</u>			14. NAME OF HUSBAND OR WIFE <u>Lelia Earl Mahin</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>499-14-5365</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Adams</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Embolism. Few min.</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cardio Vascular Disease. Over 3 yrs.</u>		DUE TO (c) <u>4.201</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio- Sclerosis. Over 3 years.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		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) <u>None.</u>		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 over 3 yrs, to June 6th, 1956, that I last saw the deceased alive on one month ago and that death occurred at 11 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia Missouri</u>		23c. DATE SIGNED <u>June 8th, 1956</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster cem. Knobnoster Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-8-56</u>		REGISTRAR'S SIGNATURE <u>Lawna Cooney Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M<sup>o</sup> Laughlin Bros</u>	
ADDRESS <u>Sedalia</u>					

Licensed Embalmer's Statement on Reverse Side

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

25/6

This man was dead when I arrived at his home. He had been under my  
at intervals for some three years and he suffered from Cardio Vascula  
Disease. I had not seen him for over one month. My impression is that  
he died of Coronary embolism.

*Jno. B. Carlisle M.D.*  
Jno. B. Carlisle, M.D.  
Sedalia, Missouri.  
June 8th, 1956.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *K.P. McEnary*.....

Licensed Embalmer No. *315*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.