

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24350**

FILED AUG 15 1956

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **164**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Marceline)		c. CITY OR TOWN Brookfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 18 days		e. STREET ADDRESS (If rural, give location) 817 Pettijohn Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) **ELLA** b. (Middle) **MAY** c. (Last) **MAHURIN**

4. DATE OF DEATH (Month) (Day) (Year) **July 28, 1956**

5. SEX **F** / 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Dec. 20, 1882** 9. AGE (In years last birthday) **73** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (City and State or Foreign Country) **Glenwood, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James N. Hancock** 13b. MOTHER'S MAIDEN NAME **Ida Jane Eppley** 14. NAME OF HUSBAND OR WIFE **Charles S. Mahurin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. ***** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Miss Carrie Dee Hancock, Indianapolis, Ind.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **Cerebral hemorrhage (subacute)** INTERVAL BETWEEN ONSET AND DEATH **19 days**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage (subacute)**

ANTECEDENT CAUSES DUE TO (b) **Trauma**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS **Coronary atherosclerosis with insufficiency - 9020**

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 NO

21a. ACCIDENT (Specify) **fall from table** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) **BROOKFIELD** (COUNTY) **LINN** (STATE) **Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 9 1956 11 P. m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **fall out of bed which was blocked up striking head on block.**

22. I hereby certify that I attended the deceased from **7-9**, 1956 to **7-28**, 1956, that I last saw the deceased alive on **7-28**, 1956, and that death occurred at **2:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **John R. Dyer** (Degree or title) **M.D.** 23b. ADDRESS **Brookfield, Mo.** 23c. DATE SIGNED **7-29-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 30, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Laclede Cemetery** 24d. LOCATION (City, town, or county) (State) **Laclede, Mo.**

DATE REC'D BY LOCAL REG. **7-30-56** REGISTRAR'S SIGNATURE **M. J. Rogien** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wright Funeral Home, Brookfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

401-0

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 *Harold B. Wright*.....

Licensed Embalmer No. 3718.....

P. O. Address Brookfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.