

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27533**

FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Brookfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>603 E. Prairie</u>		e. STREET ADDRESS (If rural, give location) <u>603 E. Prairie</u> <u>05820</u>	

3. NAME OF DECEASED (Type or Print) <u>CECELIA HONORA MAHURIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-12-1956</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>F</u>	6. COLOR OR RACE <u>R</u>	7. MARRIED-NEVER MARRIED? <u>WIDOWED</u>
8. DATE OF BIRTH <u>Sept-15-1862</u>	9. AGE (In years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pauldin Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Hall</u>	13b. MOTHER'S (MAIDEN) NAME <u>D. K.</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Mahurin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Asher Brookfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation (Congestive failure)</u>		<u>27 mos.</u>
	DUE TO (c) <u>Advanced age et generalized debility</u>		
	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"/>	<u>4341</u>

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)	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 1/3, 1954, to 8/12, 1956, that I last saw the deceased alive on 8/12/56, and that death occurred at 3:06a m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. White, D.O.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>8/13/56</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>Aug-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Salem Bern Linn Co Missouri</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>8-14-56</u>	REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>

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

1670

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 *J. B. Blacklock*.....

Licensed Embalmer No. *2244*.....

P. O. Address *Brookfield*.....

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.