THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

35872

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8788

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Christian
c. CITY OR TOWN Bulpitt 812 0 8 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Joseph Last Mahon

4. DATE OF DEATH Month Day Year Sept. 24, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct. 16, 1900

9. AGE (In years last birthday) 55 — 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) Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY Coal Mining

11. BIRTHPLACE (City and state or country) Weir Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Mahon

14. MOTHER'S MAIDEN NAME Nora Phillips

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. 359010518

17. INFORMANT Address Phyllis Mahon Bulpitt, Ill Wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach with involvement of the liver — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 5, 1956, to Sept. 24, 1956 and last saw her/him alive on Sept. 24, 1956. Death occurred at 8:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. P. Vermillion, M.D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 9/24/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sep 27, 1956

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Taylorville, Ill.

24. FUNERAL DIRECTOR James R Masterson — ADDRESS Taylorville, Ill.

25. DATE RECD. BY LOCAL REG. SEP 24 1956

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...ealth, Welfare ...ublic ...ervice

...300 ...1-56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision. Not Embalmed.

Student.....
Signature of Student Embalmer

Signed John R McManus

Licensed Embalmer No. 86

204 West Adam

P. O. Address Tay Corvi

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