

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

135403

State File No. 135403

FILED MAY 15 1957

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence c. LENGTH OF STAY (in this place) 17 Wks

c. CITY OR TOWN Blue Springs d. Is Residence within limits of a city incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence San & Hospital

e. STREET ADDRESS (If rural, give location) 110 North 17 Street 7000

3. NAME OF DECEASED a. (First) Samuel b. (Middle) H c. (Last) Mahan

4. DATE OF DEATH (Month) (Day) (Year) April 25 1957

5. SEX Male

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 16 1910

9. AGE (In years last birthday) 46

IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enginer Co Park

10b. KIND OF BUSINESS OR INDUSTRY Dept

11. BIRTHPLACE (City and State or Foreign Country) Eminence Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm Mahan

13b. MOTHER'S MAIDEN NAME Anna Harris

14. NAME OF HUSBAND OR WIFE Eula B Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NA

16. SOCIAL SECURITY NO. 486 05 2982

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eula Mahan Blue Springs Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Minutes 6 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? 2 YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1957, to 4-25, 1957, that I last saw the deceased alive on 4-24, 1957, and that death occurred at 4:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Merrill R. Bay M. D.

23b. ADDRESS Blue Springs Mo.

23c. DATE SIGNED 4-25-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-28-1957

24c. NAME OF CEMETERY OR CREMATORY Blue Springs

24d. LOCATION (City, town, or county) (State) Blue Springs Mo

DATE REC'D BY LOCAL REG. 4-25: 57

REGISTRAR'S SIGNATURE James S. Casey

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo

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

3540

RECEIVED
MAY 14 1957

MAY 15 1957

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 *RO Webb*

Licensed Embalmer No. *2303*

P. O. Address *Blue Spring*

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.