

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19744

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 104

4

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Marshall</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Marshall</b> <u>09720</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Johnson Rest Home</b>			Length of stay in lb <b>15 days</b>		d. STREET ADDRESS (If outside, give location) <b>8 miles east Marshall</b>
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>Lillian</b> Last <b>McMahan</b>			4. DATE OF DEATH <b>June 7th, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 25, 1874</b>	9. AGE (In years last birthday) <b>82</b> 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) <b>House keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Saline County, Mo.</b>	
13. FATHER'S NAME <b>W. M. C. McMahan</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
14. MOTHER'S MAIDEN NAME <b>Martha E. Hawpe</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yrs. give war or dates of service)		
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mattie K. McMahan, Marshall, Mo. R. # 4</b> Address _____			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> <b>Hypertension</b> <b>General Arterio-Sclerosis</b> Conditions, if any, which gave rise to above cause (a): DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <b>60 days</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>331x</b>		
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <b>Dec - 1956</b> , to <b>May 7 '57</b> and last saw her <b>him</b> alive on <b>6-9-57</b> Death occurred at <b>412 East</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>C. L. Lawless</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>Marshall</b>		22c. DATE SIGNED <b>6-8-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 9th, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>		23d. LOCATION (City, town, or county) <b>Marshall, Missouri</b> (State) _____
24. FUNERAL DIRECTOR <b>Campbell-Lewis</b> ADDRESS <b>Marshall, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-8-57</b>		26. REGISTRAR'S SIGNATURE <b>Cecil G. Peat</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1961 5 NAC

1961 26 NAC

**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.....  
Licensed Embalmer No. 34

P. O. Address *Marshall*

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.