

**THE DIVISION OF HEALTH OF MISSOURI** 27953-58 **58-016137**  
**STANDARD CERTIFICATE OF DEATH** 1003 State File No. ....

No. 300  
10-48

FILED MAY 8 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **4547**

|  |  |   |                                  |
|--|--|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>ILLINOIS</u> b. COUNTY <u>Madison</u>   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS, MO.</u> |  | c. LENGTH OF STAY (in this place) (township) <u>19 hrs. - 19 min.</u>   | c. CITY OR TOWN <u>MARYVILLE</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN HOSPITAL</u>                      |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8120</u> |                                  |
|  |  | • STREET ADDRESS (If rural, give location) <u>32 Box #245</u>   |                                  |

|   |                           |   |                                 |   |
|---|---------------------------|---|---------------------------------|---|
| 3. NAME OF DECEASED (Type or Print)   | a. (First) <u>Thomas</u>  | b. (Middle) <u>Allen</u>  | c. (Last) <u>McMahan</u>        | 4. DATE OF DEATH (Month) (Day) (Year)   |
|   | <u>THOMAS</u>             | <u>ALLEN</u>  | <u>McMAHAN</u>                  | <u>4-28-58</u>  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | 8. DATE OF BIRTH <u>4-27-58</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>19</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                           | 10b. KIND OF BUSINESS OR INDUSTRY                               |                                 | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS - MO</u>                          |
|   |                           |   |                                 | 12. CITIZEN OF WHAT COUNTRY? _____  |

|   |   |                                   |
|---|---|-----------------------------------|
| 13a. FATHER'S NAME <u>CLEO HARVEY McMAHAN</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY ANN WARGO</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---|---|-----------------------------------|

|   |                                     |   |               |
|---|-------------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Cleo McMahan</u> | ADDRESS _____ |
|---|-------------------------------------|---|---------------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u> |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____ |  |  |
|  | DUE TO (c) _____   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____ | 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 4/27/58, to 4/28/58, that I last saw the deceased alive on 4/28/58, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

|                                   |                             |                                      |                                 |
|-----------------------------------|-----------------------------|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J. Hopelita</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>37182 Grand Blvd</u> | 23c. DATE SIGNED <u>4/28/58</u> |
|-----------------------------------|-----------------------------|--------------------------------------|---------------------------------|

|  |                          |  |  |
|--|--------------------------|--|--|
| 24a. BURIAL REMOVAL (Specify) <u>Removed to Madison, Ill</u> | 24b. DATE <u>3/28/58</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>Madison, Illinois</u> |
|--|--------------------------|--|--|

|  |  |   |                             |
|--|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>APR 28 '58</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Madison, Ill</u> |
|--|--|---|-----------------------------|

-M85 (Licensed Embalmer's Statement on Reverse Side)

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

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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 *Francis J. Lahey*.....

Licensed Embalmer No. *279*.....

P. O. Address *Madison*.....

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.