

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000985
STATE FILE NUMBER

JAN 26 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 54A

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD ⁶³⁷⁶ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BAPTIST		Length of stay in lb HOSP. 7 YRS.	d. STREET ADDRESS (If outside, give location) 2164 BANCROFT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES W. McMAHON			4. DATE OF DEATH Month Day Year JAN. 14 1959		
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5. SEX MALE ⁰	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 28 1902	9. AGE (In years less birthday) 56	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life) ENGINEER BLUE PRINT & SUPPLY CO.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TOPEKA, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN McMAHON	13b. MOTHER'S MAIDEN NAME JENNIE RUNYAN	14. NAME OF HUSBAND OR WIFE BERNICE McMAHON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 500-10-3008	17. INFORMANT BERNICE McMAHON	Address SPRINGFIELD, MO.
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18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Probable Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>within 30 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <i>UNATTENDED BY A PHYSICIAN</i>		

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.) <i>4201</i>
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from _____ Death occurred at <i>10:30 a.m.</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James P. Lohmeyer, M.D.</i> (Degree or title)	22b. ADDRESS Greene County Health Officer, Spfld, Mo	22c. DATE SIGNED 1-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/19/59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) BRANSON, MISSOURI
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24. FUNERAL DIRECTOR H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 1-19-59	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 26 1959

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 *Gene C. Hunter*

Licensed Embalmer No. *4739*
P. O. Address *Spfld, Ill.*

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.