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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001637
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Lee's Summit — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 204 Summit — Length of stay in 1b 55 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit 7001 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 204 Summit St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Dora Middle: Isabel Last: Mahan

4. DATE OF DEATH Month Day Year: Jan. 1 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: July 28 1893
9. AGE (In years last birthday): 64 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Pecular Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Leander Shay
13b. MOTHER'S MAIDEN NAME: Margaret Jane Bateman
14. NAME OF HUSBAND OR WIFE: Jas. Mahan (deceased)

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. 486-09-5015E
17. INFORMANT: Violet Ogier — Address: 6408 E 150 Ter. G V

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 20 min
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): Previous Myocardial Infarction - 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Dec 6, 1958 to Jan 1, 1959 and last saw her/him alive on
Death occurred at 9:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William F. Bell M.D.
22b. ADDRESS: Lee's Summit, Mo
22c. DATE SIGNED: 1-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/5/1959
23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit
23d. LOCATION (City, town, or county) (State): Lee's Summit Mo.

24. FUNERAL DIRECTOR ADDRESS: Langsford Funeral Home, Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG.: 1-2-59
26. REGISTRAR'S SIGNATURE: N B Langsford

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

US MAR 1 1960

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. .....

P. O. Address .....

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.