

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016576

STATE FILE NUMBER

FILED APR 22 1959

Registration District No. 369 Primary Registration District No. 45-38 Registrar's No. 2

300
-57

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PIEDMONT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PIEDMONT 1110</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>10 yr</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>SHERMAN</u> Middle <u>MAHURIN</u> Last <u>MAHURIN</u>			4. DATE OF DEATH Month <u>APR</u> Day <u>6</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 11, 1871</u>		9. AGE (In years, month, day) Months <u>87</u> Days <u>77</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER & WRITER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	11. BIRTHPLACE (City and state or country) <u>FORT SCOTT KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>ANCIL MAHURIN</u>		13b. MOTHER'S MAIDEN NAME <u>MALISSA SHORT</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT Name <u>SAMATHA MITZNER</u> Address <u>NEOSHO MISSOURI</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 Min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Deceased was killed by wrapping a short piece of wire around his neck by Lester Crowell</u>			
20c. TIME OF INJURY Hour <u>8:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>CLEANING SHOP</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Piedmont</u>		COUNTY <u>Wayne</u>	STATE <u>MO.</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Marvin E. Bowler Coroner</u>			22b. ADDRESS <u>Piedmont, mo</u>		22c. DATE SIGNED <u>4/13/1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>4/13/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Fort Scott Kansas</u>
24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME PIEDMONT, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>4-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Sheila Lovelace</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS
AUG 8
1960

FILE NO.
CENTER

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 ~~me~~ was not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address Diedmont, Va

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.