

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023973

FILED VS. JUL 6 1960 264

Primary Registration District No. _____ Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ozark									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twsp		Length of stay in lb Life		c. CITY OR TOWN Brixey		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Farm			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Franklin Sherman Mahan				4. DATE OF DEATH Month Day Year 6 22 1960									
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-25-1882		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Ozark Co. Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME William Mahan				13b. MOTHER'S MAIDEN NAME Georgia Patterson				14. NAME OF HUSBAND OR WIFE Mary Mahan					
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. 495-40-6988		17. INFORMANT Address Mrs Mary Mahan, Brixey, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis								INTERVAL BETWEEN ONSET AND DEATH 1 day					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis								6 yrs.					
DUE TO (c) Diffuse Myocardial damage								6 yrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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 Dec. 28, 1954 to 6/21/60 and last saw him alive on 6/21/60 Death occurred at 7:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. L. Meichert M.D. (Degree or title)						22b. ADDRESS Poplar Bluff Mo				22c. DATE SIGNED 6/27/60 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-28-1960		23c. NAME OF CEMETERY OR CREMATORY Ava City Cemetery			23d. LOCATION (City, town, or county) Ava, Missouri						
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard, Gainesville				25. DATE RECD. BY LOCAL REG. 6/29/60		26. REGISTRAR'S SIGNATURE Thana Mohan							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Urey

Licensed Embalmer No. 4885

P. O. Address: Gainesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.