

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 1 1960

**-60-026260**

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 85

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Clinton</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Cameron</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Clinton</b>	
Length of stay in 1b <b>8 days</b>		c. CITY OR TOWN <b>Osborn</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cameron Comm. Hosp.</b>				d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>			
3. NAME OF DECEASED				4. DATE OF DEATH			
First <b>CHARLES</b>		Middle <b>FREMONT</b>		Last <b>McMAHILL</b>		Month Day Year <b>July 20, 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 12, 1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oil Marketeer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Petroleum</b>		11. BIRTHPLACE (City and state or country) <b>Bedford, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles McMahonill</b>			13b. MOTHER'S MAIDEN NAME <b>Cynthia McMurtry</b>			14. NAME OF HUSBAND OR WIFE <b>Iola McMahonill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>485-03-4269</b>		17. INFORMANT Address <b>Iola McMahonill, Osborn, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
IMMEDIATE CAUSE (a)		<b>Ruptured Esophageal Varices</b>					
DUE TO (b)		<b>Gastric Intestinal hemorrhage</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)							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 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 <b>June 30, 1947</b> to <b>July 20, 1960</b> and last saw him alive on <b>July 20, 1960</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>				(Degree or title) <b>M.D. Cameron, Mo.</b>		22b. ADDRESS	
22c. DATE SIGNED <b>7-21-60</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-22-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen</b>		23d. LOCATION (City, town, or county) <b>Osborn, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Poland Funeral Home, Cameron, Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-23-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron

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.