IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS SEP 12 1960

-60-031227
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Elsberry — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) North Seventh St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Whitson Middle: -- Last: McMahill
4. DATE OF DEATH Month Day Year: September 3, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/7/1870
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months 2 Days 26 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Arthur Mc Mahill
13b. MOTHER'S MAIDEN NAME: Elizabeth Cox
14. NAME OF HUSBAND OR WIFE: 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.: None
17. INFORMANT: Mrs. Clay Cox Address: Elsberry, Missouri

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	MEDULLARY FAILURE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HYPOXIA	1 hour
DUE TO (c)	PNEUMONIA	4 days

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 7-30-60 to 9-3-60 and last saw ~~him~~ alive on 9-3-60
Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. Blackwell (Degree or title) D.O.
22b. ADDRESS: Troy Mo.
22c. DATE SIGNED: 9-4-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/6/1960
23c. NAME OF CEMETERY OR CREMATORY: Star Hope Cemetery
23d. LOCATION (City, town, or county) (State): Elsberry Lincoln Missouri
24. FUNERAL DIRECTOR ADDRESS: Clifton Miller Elsberry Mo.
25. DATE RECD. BY LOCAL REG.: 9-8-1960
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Clifton Miller

Signature of Student Embalmer

Licensed Embalmer No. 3364

P. O. Address Elsberry,

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