

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

**U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-035378**

STATE FILE NUMBER

ENDED

FILED VS SEP 28 1960

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 90

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marionville</u> Length of stay in 1b <u>2 wks.</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> c. CITY OR TOWN <u>Route # 2 Seneca, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route # 2 Seneca, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Lawrence Franklin Mahan</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>September 22, 1960</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Oct. 28, 1898</u>	<b>9. AGE (last birthday)</b> <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Newton County, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>William J. Mahan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mahala Stites</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lula Mahan</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>489-24-5730</u>	
<b>17. INFORMANT</b> Address <u>Mrs. Lula Mahan Rt. # 2 Seneca, Mo.</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic adenocarcinoma to the brain</u> DUE TO (b) <u>Generalized metastatic adenocarcinoma to the liver, primary site undetermined.</u> DUE TO (c) <u>Carcinoma of the prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	
<b>20g. STATE</b>		Death occurred at <u>Sept-14-1960</u> to <u>9-21-60</u> and last saw him alive on <u>9-21-60</u> at <u>4:30</u> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>21. I attended the deceased from</b>		<b>22a. SIGNATURE</b> (Degree or title) <u>A. P. [Signature] M.D.</u>		<b>22b. ADDRESS</b> <u>Seneca, Mo.</u>	
<b>22c. DATE SIGNED</b> <u>9-22-60</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Sept. 25, 1960</u>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Near Neosho, Missouri</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>J. B. [Signature] Marionville, Mo.</u>	
<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-25-1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>			

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 William A. Falles

Licensed Embalmer No. 4658

P. O. Address Marionville

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.