

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-038648**

ED VS NOV 1 1960

Registration District No. 146 Primary Registration District No. 9026 Registrar's No. 513

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Length of stay in 1b <input checked="" type="checkbox"/> Life	c. CITY OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>O'Roark Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>306 W. White Oak</b>		
3. NAME OF DECEASED (Type or print) <b>MISS SUSAN N.M.I. MAHAN</b>			4. DATE OF DEATH Month <b>October</b> Day <b>25</b> , Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 22, 1859</b>	9. AGE (last birthday) <b>101</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Independence, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>Lawrence Mahan</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget Ames</b>		14. NAME OF HUSBAND OR WIFE <b>---</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>None</b>		17. INFORMANT <b>Mrs. Nellie Postlewait</b> <b>1023 N. Liberty, Independence, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>7 days.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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 <b>10-22-60</b> to <b>10-24-60</b> and last saw her <sup>her</sup> <sub>husb</sub> alive on <b>10-22-60</b> Death occurred at <b>6:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Robert S. Hooser MD</b> (Degree or title)			22b. ADDRESS <b>Independence, Mo</b>		22c. DATE SIGNED <b>10/25/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 27, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>		
24. FUNERAL DIRECTOR <b>OTT &amp; MITCHELL, Indep., Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>70-27-60</b>		26. REGISTRAR'S SIGNATURE <b>Janner Craig</b>		

DOCUMENT

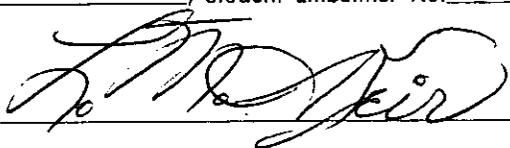
MEDICAL CERTIFICATION

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  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 3150

P. O. Address Indep

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