

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042935

FILED VS NOV 23 1960

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4264 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		Length of stay in 1b 4 days	c. CITY OR TOWN Noel Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Mem. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elsie Middle E. Last McMahan			4. DATE OF DEATH Month Oct. Day 26 Year 1960		
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5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-16-1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Mountain View, Ark.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry C. Sutton	13b. MOTHER'S MAIDEN NAME Martha Ann Stroud	14. NAME OF HUSBAND OR WIFE Mr. Milas McMahan
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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. 498-28-6013	17. INFORMANT Address Mr. Milas McMahan Noel, Mo. Rt 2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Polycystic Disease of Kidneys</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause first.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>acute Bronchial Virus infection</u>		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
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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.)
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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
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21. I attended the deceased from 1950 to Oct 26/60 and last saw her him alive on Oct 26/60
Death occurred at 9 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. J. Mountain D.D.</u>	22b. ADDRESS <u>Noel Mo</u>	22c. DATE SIGNED <u>11-13-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-29-1960	23c. NAME OF CEMETERY OR CREMATORY Noel Cemetery	23d. LOCATION (City, town, or county) (State) Noel, Missouri
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24. FUNERAL DIRECTOR ADDRESS Humphrey & Son Noel, Mo.	25. DATE RECD. BY LOCAL REG. 11-14-60	26. REGISTRAR'S SIGNATURE <u>Mildred Moberly</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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S. 4

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 *J. M. Humphrey, Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, Mo

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.