

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044879

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6311 STATE FILE NUMBER

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **30 Yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **6506 Independence Ave** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **6506 Independence Ave** Reside on Farm Yes No

3. NAME OF DECEASED First **MARY** Middle **VIRGINIA** Last **MC MAHAN** 4. DATE OF DEATH Month **December** Day **14** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/16/98** 9. AGE (last birthday) **63**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Sedalia Missouri** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **No record** 13b. MOTHER'S MAIDEN NAME **No Record** 14. NAME OF HUSBAND OR WIFE **Rufus F McMahan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Rufus McMahan** Address **6506 Indep Ave K C Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute cardiac dilatation**
 DUE TO (b) **unknown cause**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH **1 hour**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Malnutrition; abnormal thyroid gland**

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 **November 1962** to **14 December 1961** and last saw her alive on **10 Dec 1961**
 Death occurred at **2:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Richard W. Gunn M.D.** 22b. ADDRESS **1500 Prof. Bldg. K.C. 6, Mo.** 22c. DATE SIGNED **Dec 16, 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12/18/61** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery Sedalia Missouri** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Sheil Funeral Home** ADDRESS **Kansas City Mo** 25. DATE RECD. BY LOCAL REG. **12-16-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Richard W. Gunn**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas A. Shiel

Licensed Embalmer No. 4954

P. O. Address K. P. 1110

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.