

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019462

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 102

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 15 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Aurora Township</b>		Length of stay in lb <b>15 Yrs</b>	c. CITY OR TOWN <b>Aurora</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>At City limits - E. High</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route #1 Box 4A</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Woodrow Wilson Mahurin</b>			4. DATE OF DEATH <b>June 10; 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Feed Handler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Feed Milling</b>	9. AGE (last birthday) <b>47</b>
13a. FATHER'S NAME <b>Van Mahurin</b>		13b. MOTHER'S MAIDEN NAME <b>Loretta Hilker</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</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>		14. NAME OF HUSBAND OR WIFE <b>Mary Emline Mahurin</b>	
17. INFORMANT <b>Mary E. Mahurin</b>		Address <b>Aurora, 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>Acute Myocardial Infarction</b> DUE TO (b) <b>ASCVI</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 <b>Aurora Lawrence Mo.</b>	
21. I attended the deceased from <b>6/10/62</b> and last saw her alive on <b>6/10/62</b> Death occurred at <b>12:57 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <b>6/11/62</b>	
22a. SIGNATURE (Deceased or title) <b>William V. Hamilton M.D.</b>		22b. ADDRESS <b>P.O. Box 506 Aurora</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 12, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DENT CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WASHBURN MISSOURI</b>
24. FUNERAL DIRECTOR <b>ARNOLD FUNERAL HOME AURORA</b>		25. DATE RECD. BY LOCAL REG. <b>6/11/62</b>	26. REGISTRAR'S SIGNATURE <b>George England</b> Per <b>P. Phillips</b>

JUN 18 1962  
FEB 14 1963

**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 James D. Craftin

Licensed Embalmer No. 4668

P. O. Address Lucas, Mo.

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.