

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030645  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1344

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
10397  
8397  
3  
4 1  
5 0  
6  
7 0  
8 1  
99036  
10 44  
11 133  
12 1-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF BIRTH SEP 11 1962  
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Greene

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 6 mo.

c. CITY OR TOWN Springfield Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) 756 S. Pickwick Reside on Farm Yes  No

3. NAME OF DECEASED First Mary Middle Luticia Last McMahon 4. DATE OF DEATH 9-5-1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4-16-1875 9. AGE (last birthday) 87 IF UNDER 1 YEAR Months 4 Days 30 IF UNDER 24 HR Hours  Min.

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

13a. FATHER'S NAME Joseph McMahon 13b. MOTHER'S MAIDEN NAME Mary F. Orr 14. NAME OF HUSBAND OR WIFE

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. none 17. INFORMANT Mrs. Nora Hunter Address 756 So. Pickwick Springfield 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) Pulmonary infarction due to Embolus INTERVAL BETWEEN ONSET AND DEATH 5 months  
DUE TO (b) Thrombophlebitis 5 months  
DUE TO (c) Fracture of Rt. hip 6 months  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis 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.) Rt. knocked down by door blown open by wind.

20c. TIME OF INJURY Hour  Month 3 Day 4 Year 1962 a.m.  p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) entering Cafeteria 20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo.

21. I attended the deceased from 2 3/4/62 to 9/5/62 and last saw her him alive on 9/5/62  
Death occurred at 2 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold H. Lurie, M.D. (Degree or title) 22b. ADDRESS 600 S. Henstone Springfield, Mo. 22c. DATE SIGNED 9/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-8-1962 23c. NAME OF CEMETERY OR CREMATOR Brick Church LOCATION (city, town, or county) S. E. of Miller Mo. (State)

24. FUNERAL DIRECTOR Morris Seiman ADDRESS Miller Mo. 25. DATE RECD. BY LOCAL REG. 9-10-62 26. REGISTRAR'S SIGNATURE Effie G. Melton

OCT 2 1961 3 100

**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 *S. P. Feiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.