

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034222

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 25 1962

Primary Registration District No.

Registrar's No. 62-56

VS 300 Rev. 4/59

10290

8290

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9591X

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

W. O. Cowan, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Dade | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood | | Length of stay in 1b 6wks | c. CITY OR TOWN Greenfield |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Shepherd Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 119 N. Main St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last Verta Vanburen McMahon | | 4. DATE OF DEATH Month Day Year Sept. 15, 1962 | |
| 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 2-14-1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Dade Co., Mo. |
| 13a. FATHER'S NAME Ephraim Shrum | | 13b. MOTHER'S MAIDEN NAME Virginia Jones | 14. NAME OF HUSBAND OR WIFE W. A. McMahon |
| 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 Address 119 N. Main St. Mr. W.A. McMahon, Greenfield, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrotic Tubular Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Respiration DUE TO (c) Cardiac Failure | | | 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 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 June 60 to Sept 15-62 and last saw her alive on Sept 14-62 Death occurred at 6:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. O. Cowan M.D. | | 22b. ADDRESS Greenfield, Mo. | 22c. DATE SIGNED Sept 18 62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Sept. 18, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Antioch Cem. | 23d. LOCATION (City, town, or county) (State) Dade County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS J. C. Canada, Greenfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-18-1962 | 26. REGISTRAR'S SIGNATURE J. C. Canada |

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.