

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2523

FILED FEB 4 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 34

0940
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELVINS RT1		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELVINS RT1		0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION RANDOLPH TWP.		d. STREET ADDRESS (If rural, give location) U	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L. c. (Last) MAHUN		4. DATE OF DEATH (Month) (Day) (Year) JAN 26 1952	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH JAN 7, 1878
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR 0 Months 14 Days	IF UNDER 24 HRS. 0 Hours 15 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GREEN MAHUN	
13b. MOTHER'S MAIDEN NAME MARY BRIGGS		14. NAME OF HUSBAND OR WIFE LAURA MAHUN	
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'S SIGNATURE OR NAME ADDRESS Mrs James Merrill Elvins RT1, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo-pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 d ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Permeous anemia		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION 491X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1940 , to Jan 21, 1952 , that I last saw the deceased alive on 1-20, 1952 , and that death occurred at 99 m., from the causes and on the date stated above.			
23a. SIGNATURE H. Seelie M.D. (Degree or title)		23b. ADDRESS See above Mo	23c. DATE SIGNED 1-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/23-52	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) Bismarck, Mo.
DATE REC'D BY LOCAL REG. Jan 30, 1952	REGISTRAR'S SIGNATURE 2890 Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell Plot Awer, mo	

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
Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.