

83-002120
FILED MAY 5 1981

1. DECEASED - NAME FIRST MIDDLE LAST DELBERT W. MAHURIN		SEX Male	DATE OF DEATH (Mo., Day, Yr.) April 25, 1981
2. RACE (White, Black, American Indian, etc.) White	AGE - Last Birthday (Yrs.) 71	UNDER 1 YEAR MOS. DAYS HOURS MINS. 56 30 30 30	DATE OF BIRTH (Mo., Day, Yr.) May 7, 1909
3. CITY, TOWN OR LOCATION OF DEATH St. Joseph		4. HOSPITAL OR OTHER INSTITUTION - Name (If not in column, give street and number) Methodist Medical Center	
5. STATE OF BIRTH (If not in U.S.A., name country) Missouri	6. CITIZEN OF WHAT COUNTRY U.S.A.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. SURVIVING SPOUSE (If wife, give name) Anna Irene Smafer
9. SOCIAL SECURITY NUMBER 508-05-3406		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. KIND OF BUSINESS OR INDUSTRY Farming
12. RESIDENCE STATE Nebraska	13. COUNTY Hall	14. CITY, TOWN OR LOCATION AND ZIP CODE Wood River 68883	15. STREET AND NUMBER RR # 2 Box 78
16. FATHER'S NAME FIRST MIDDLE LAST Henry Burton Mahurin		17. MOTHER MAIDEN NAME FIRST MIDDLE LAST Beatrice M. Webb	
18. INFORMANT NAME (Type or Print) Mrs. Anna Mahurin		19. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP RR # 2 Box 78 Wood River, Nebraska 68883	
20. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Name) William D. Kabe 443		21. CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE Rosedale Doniphan, Nebraska	
22. DATE OF BURIAL April 29, 1981		23. NAME OF FACILITY ADDRESS OF FACILITY Stamey-Lindsey Funeral Home 2335 St. Joseph Ave.	
24. REGISTRAR SIGNATURE R.D. Wollenschlaeger		25. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 4, 1981	
26. CERTIFYING PHYSICIAN (Signature and Title) Gordon S. Paulson M.D.		27. DATE SIGNED (Mo., Day, Yr.) April 27, 1981	
28. HOUR OF DEATH 8:38 P.M.		29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gordon S. Paulson, M.D., 1305 Village Dr., St. Joseph, Mo.	
30. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Acute myocardial infarction, antero-septal		31. MO LICENSE NO. R 4724	
32. DUE TO OR AS A CONSEQUENCE OF Diabetes mellitus		33. IF HOSP OR INST. Indicate DOA OR (Time, Mo., Day, Yr.) in patient	
34. OTHER SIGNIFICANT CONDITIONS (Conditions come during or leading to death but not related to cause given in PART I) RECORDERS MEMO: Beta 3+4 Blk 8		35. TIME OF DEATH (Mo., Day, Yr.) few hours	
36. ALL SUICIDE FROM UNDET. OR PENDING INVEST. (Specify) NO		37. DATE OF INJURY (Mo., Day, Yr.) NO	
38. HOUR OF INJURY NO		39. DESCRIBE HOW INJURY OCCURRED NO	
40. INJURY AT WORK (Specify) NO		41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) NO	
42. LOCATION NO		43. STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE NO	
44. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS NO		45. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS NO	

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STATE OF MISSOURI
CITY OF JEFFERSON
I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of Missouri this date of

MAY 13 1981

Joseph B. Reichart
Joseph B. Reichart
State Registrar of Vital Statistics

Entered as Document No
83- 002120

Grantor _____
Grantee 197
Name 1111
1-2-3-4
STATE OF NEBRASKA) SS
COUNTY OF JALL)

*83 APR 29 AM 11 51

James H. ...
REG. OF DEEDS

G. I. ABSTRACT