

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30026**

BIRTH NO. 56640-49		REG. DIST. NO. 140	PRIMARY REG. DIST. NO. 3024	Registrar's No. 53
1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) ----		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Richard c. (Last) Mayer			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Fayette, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Jacob Mayer		13b. MOTHER'S MAIDEN NAME Jewell Stubblefield		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war, or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME J. J. Mayer ADDRESS Fayette, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (27 weeks gestation) DUE TO (c) gestation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug 31, 1949 , to Sept 5, 1949 , that I last saw the deceased alive on Sept 5, 1949 , and that death occurred at 2:24 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) M. Bleech M.D.		23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 9-6-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/5/49	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) Mexico Mo. (State)	
DATE REC'D BY LOCAL REG. Sept. 6, 1949	REGISTRAR'S SIGNATURE Mary Shell deputy	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Cull ADDRESS Fayette Mo.		

(Licensed Embalmer/Statesman on Reverse Side)

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

RECEIVED SEP 19

District Health Officer No. 8,

District File Number

Date Filed 9-30-49

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 ^{Not}.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.