

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5393

State File No. ....

Filed MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton, Mo	
c. LENGTH OF STAY (In this place) days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Grace	c. (Last) Mayes	4. DATE OF DEATH (Month) (Day) (Year)
				Feb. 25 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23-1894	9. AGE (In years last birthday) 59	10. MONTHS 10	11. DAYS 2	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Nebraska - Dawson County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Swaithes	13b. MOTHER'S MAIDEN NAME Eliza Jane Costello	14. NAME OF HUSBAND OR WIFE Proctor Mayes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Kenneth Swaithes	ADDRESS Chillicothe, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH 1 Month
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		

19a. DATE OF OPERATION Feb. 24 54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Feb. 22, 1954, to Feb. 25, 1954, that I last saw the deceased alive on Feb. 24, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Conrad M.D.	(Degree or title)	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED Feb. 25-54
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26-1954	24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery	24d. LOCATION (City, town, or county) (State) Kingston, Missouri
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DATE REC'D BY LOCAL REG. 2-25-54	REGISTRAR'S SIGNATURE Frances B. Reel	171-C	25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark	ADDRESS Kingston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Missouri

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.