

FILED MAR 12 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5459

BIRTH NO. _____		REG. DIST. NO. 177		PRIMARY REG. DIST. NO. 3040		Registrar's No. 81	
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		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Kingston 0130 0		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Orville		b. (Middle) Junior		c. (Last) Mayes	
4. DATE OF DEATH		(Month) 3		(Day) 4		(Year) 1957	
5. SEX male		6. COLOR OR RACE white ♂		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 1 - 1929	
9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B.O.P. Factory		10b. KIND OF BUSINESS OR INDUSTRY Assembly Division		11. BIRTHPLACE (City and State or Foreign Country) Caldwell County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Orville Mayes		13b. MOTHER'S MAIDEN NAME Goldie Viola Sloan		14. NAME OF HUSBAND OR WIFE Helen L. Mayes			
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. 486-30-4417		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen L. Mayes, yes, Kingston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture + Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Fractured 1st Thoracic Vertebra Paralysis, Pneumonia Thorax				INTERVAL BETWEEN ONSET AND DEATH 34 hours 34 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8234 32				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 059 (STATE) 2 Chillicothe, Livingston, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 3 57 24 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car ran off of road			
22. I hereby certify that I attended the deceased from Mar. 3, 1957, to Mar. 4, 1957, that I last saw the deceased alive on Mar. 4, 1957, and that death occurred at 12:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph A. Conrad M.D. Coroner				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Mar. 4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 6-57		24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		24d. LOCATION (City, town, or county) (State) Kingston, Caldwell, Mo.	
DATE REC'D BY LOCAL REG. 3-4-57		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1715

MAR 12 1957

JUN 10 1958

MAR 20 1957

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

Loramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.