

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25180

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 32

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Johnson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden, Mo.		a. STATE Missouri		b. COUNTY Johnson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ditton Retirement Home		Length of stay in lb 75 Yrs		c. CITY OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS North Olive St.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Jane		Middle Edith		Last Smith		Month July Day 20 Year 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 29, 1872	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Brighton, Ontario, Canada		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William A. Mayhew				14. MOTHER'S MAIDEN NAME Elizabeth Eyre			
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 Albert Mayhew, Holden, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Gen Arterio sclerosis 4221							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from August 23, 1956 to July 20, 1957 and last saw her alive on July 20, 1957 . Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Kelly Rawlins M.D.				22b. ADDRESS Holden Mo		22c. DATE SIGNED 7/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. NAME OF CEMETERY OR CREMATORY Holden Cemetery		23c. LOCATION (City, town, or county) Holden, Missouri			
23d. DATE July 22, 1957		23e. NAME OF CEMETERY OR CREMATORY		23f. LOCATION (City, town, or county)			
24. FUNERAL DIRECTOR E B CAST HOLDEN MO			25. DATE RECD. BY LOCAL REG. July 22, 1957		26. REGISTRAR'S SIGNATURE Mrs H V Redford		

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1957

AUG 16 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 *E. B. Cant*

Licensed Embalmer No. *40*

P. O. Address *Holden, I.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.