

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047060

FILED JAN 7 1959 Registration District No. 378 Primary Registration District No. 62854552 Registrar's No. 54

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1-57

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|---|--------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Wright | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove - twp | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Mountain Grove 1140 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.#3 | | Length of stay in 1b 28 yrs | d. STREET ADDRESS (If outside, give location) R.F.D.#3 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ida Mayberry | | | 4. DATE OF DEATH Month Day Year December 10, 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 22, 1876 | 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Texas | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Joseph Baumgardner | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE George Mayberry | |
| 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. | 17. INFORMANT Address George Mayberry Mountain Grove, 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) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Septic & Puerulent Otitis</i> DUE TO (c) <i>Fracture of Neck of Rt Femur</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>3 mo.</i> <i>6 mo.</i> |
| 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 Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <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 114 | | COUNTY | STATE |
| 21. I attended the deceased from <i>May 15-1958</i> to <i>Dec 10-58</i> and last saw her alive on <i>Dec 9, 1958</i> Death occurred at <i>10:30 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>N.E. Maltchuk</i> | | | 22b. ADDRESS <i>Wm. Grove, MO</i> | | 22c. DATE SIGNED <i>12/30/58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>12/13/1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Friendship cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Wright County, Missouri</i> | |
| 24. FUNERAL DIRECTOR ADDRESS <i>Barber Funeral Home Mtn, Grove, Missouri</i> | | | 25. DATE RECD. BY LOCAL REG. <i>12-30-1958</i> | 26. REGISTRAR'S SIGNATURE <i>Bernice L. Liberman</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed 1-6-37

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 *George Stumpf*

Licensed Embalmer No. *3161*

P. O. Address *10th St. ...*

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.