URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-007728

STATE FILE NUMBER

NDED

Registration District No. 295 Primary Registration District No. 4441 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clifton Hill — Length of stay in 1b: 14 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: home of Ben Polson — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Clifton Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lutie Middle: Bradsher Last: Mayo
4. DATE OF DEATH: Month: February Day: 13 Year: 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-2-1870
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: home
11. BIRTHPLACE (City and state or country): Clifton Hill, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Augustin Bradsher
13b. MOTHER'S MAIDEN NAME: Martha Jane Davis
14. NAME OF HUSBAND OR WIFE: Thomas Rector Mayo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs. Ben Polson; Clifton Hill, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Artieorsclerotic Hypertensve Heart Disease — years.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 30 to 60, to 2-13-60 and last saw her alive on 2-13-60
Death occurred at 11:34 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): A. Noel Adams D.O.
22b. ADDRESS: Moberly, Missouri
22c. DATE SIGNED: 2-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2-15-1960
23c. NAME OF CEMETERY OR CREMATORY: Clifton Hill Cemetery
23d. LOCATION (City, town, or county) (State): Clifton Hill, Missouri
24. FUNERAL DIRECTOR ADDRESS: T.B. Patton & Sons, Huntsville, Mo.
25. DATE RECD. BY LOCAL REG.: 2-18-1960
26. REGISTRAR'S SIGNATURE: Mary H. Bentley

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul Patton
Signature of Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Huntsville

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