

FILED APR 26 1948

Registration District No. 12

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3003

State File No. 11409

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two weeks
(Specify whether years, months or days) Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 117
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Teresa E. Mayhew
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1948 hour 6:25 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. W. Mayhew
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 21 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 19 1948, to March 31 1948, that I last saw her alive on March 31 1948, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Without Atherosclerosis
Duration _____

8. AGE: Years 82 Months 5 Days 10
If less than one day hr. _____ min. _____

Due to Arterio Sclerosis and Fractured left Neck
Due to of fracture
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 1868

9. Birthplace Barry Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Houston Marbut
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Francis Inman
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Mayhew
(b) Address Monett, Missouri
17. (c) Burial (b) Date thereof April 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5

(c) Place: burial or cremation Calton Cemetery
18. (a) Signature of funeral director Bennett & Wormington
(b) Address Monett, Missouri
19. (a) 4-1-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. M. West (M. D. or other) _____
Address Monett, Mo. Date signed 4-1-48

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6;

District File Number 448-468

Date Filed APR 22 1948

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

George E Bennett, Registered Apprentice No. 220
working under my personal supervision.

Signed Richard Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 270

Registration District No. 13 Primary Registration District No. 3003

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barry
(c) City or town Monett R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jeresa E. Mayhew
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 21
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-4-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 1948 year. _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident - fall
(b) Date of occurrence March 19 - 1948
(c) Where did injury occur? R.F.D. Monett Barry Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell on farm
While at work? no (Specify type of place) (e) Means of injury Fall
23. Signature L. H. Ferguson (M.D. or other) Mo.
Address Monett Mo. Date signed 5-4-48

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-11409