

FILED AUG 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27071
3272

BIRTH NO. <u>69018-51</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3272</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>				c. LENGTH OF STAY (in this place) <u>1 Hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1525 N. Pleasant</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Michael</u>		b. (Middle) <u>Dean</u>		c. (Last) <u>Mayo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 30, 1951</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: MONTHS <u>1</u> DAYS <u>1</u> IF UNDER 24 HRS: HOURS <u>1</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>James W. Mayo</u>			13b. MOTHER'S MAIDEN NAME <u>Vivian Sullenger</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James W. Mayo</u>			17. ADDRESS <u>1525 N. Pleasant Independence</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal erythroblastosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Renin incompatibility</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				<u>77°</u>	
19a. DATE OF OPERATION <u>7-30-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Replacement Transfusion anasarca</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>7-30-</u> , <u>1951</u> , to <u>7-30</u> , <u>1951</u> , that I last saw the deceased alive on <u>7-30</u> , <u>1951</u> , and that death occurred at <u>P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. B. Sinclair Jr.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4711 Central St 1/2</u>				23c. DATE SIGNED <u>7-31-51</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>8-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-31-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>		ADDRESS <u>North Kansas City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No. 393

Signed John V. Funicello
Student Embalmer

Signed Glenn T. Hill

Licensed Embalmer No. 4586

P. O. Address: Avondale, 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 this body is not embalmed, fact should be so stated above.