

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27418**

FILED SEP 12 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 50 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 No. Maple St		d. STREET ADDRESS (If rural, give location) 223 No. Maple St.	

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle)	c. (Last) MAYBERRY	4. DATE OF DEATH (Month) (Day) (Year) Sept 6, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 21, 1882	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (State or foreign country) Shelbyville, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hezekiah Wm Roberts	13b. MOTHER'S MAIDEN NAME Lydia Van Volkenberg	14. NAME OF HUSBAND OR WIFE Charles W. Mayberry
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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'S SIGNATURE OR NAME ADDRESS C.W. Mayberry, 223 N. Maple, Carthage, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 1949, to Sept 6, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 2:25p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Foster Whitten MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 9-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sep 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 9-7-51	REGISTRAR'S SIGNATURE L B Clinton MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-11-51
Jasper County Health Office
51/9/720

County File Number

Date Filed 9-11-51

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 _____
Student Embalmer

Signed Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.