

FED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27860**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY Pike 0821				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana 0821			
d. FULL NAME OF HOSPITAL OR INSTITUTION 716 North Carolina St.				d. STREET ADDRESS (If rural, give location) 716 North Carolina St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) SILAS		b. (Middle) RHEA		c. (Last) MAYHEW		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 11		8. DATE OF BIRTH March 26, 1872	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR 4 Months 29 Days		IF UNDER 1 MIN. 29 Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired Laborer		11. BIRTHPLACE (State or foreign country) Louisiana, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Sylvester Mayhew		13b. MOTHER'S MAIDEN NAME Lucinda Rhea		14. NAME OF HUSBAND OR WIFE -----			
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 Mrs. Cora Betwars, Louisiana, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis & Cardiac Hypertrophy + Decomensation 2 yrs. DUE TO (c) Chr. Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Anasarca 1 no. 990				INTERVAL BETWEEN ONSET AND DEATH 8-23-51 several yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201				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)		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 July , 19 50 , to Aug 23, 1951 , that I last saw the deceased alive on 8-22- , 19 51 , and that death occurred at 2 A.M. from the causes and on the date stated above.							
23a. SIGNATURE Robert L. Landrae, M. D.				23b. ADDRESS 216 Georgia St Louisiana, Mo		23c. DATE SIGNED 8/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/25/51		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Missouri	
DATE REC'D BY LOCAL REG. Aug 24/51		REGISTRAR'S SIGNATURE Bernice Collier 374		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **AUG 31 1951**
DISTRICT HEALTH OFFICE #2
District File Number *9-57-1533*
Date Filed: **SEP 1 1951**

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.....

Signed *Virginia M. Sterne*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4645*.....

P. O. Address *Louisiana, 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.