

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29819**

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **245**

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

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY	
c. LENGTH OF STAY (in this place) 5 HRS		d. STREET ADDRESS (If rural, give location) LIBERTY TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) HENRY c. (Last) MAYENS	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 20. 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 24, 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 26	IF UNDER 2 HRS. Hours 1	IF UNDER 15 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAIRYMAN		10b. KIND OF BUSINESS OR INDUSTRY DAIRY		11. BIRTHPLACE (State or foreign country) TAOS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME HERMAN MAYENS	13b. MOTHER'S MAIDEN NAME MARY PLETZER	14. NAME OF HUSBAND OR WIFE ANNAN WESTERMAN	J. C. MO.
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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 <i>Ms. Theodore Mayens</i>	ADDRESS J. C. MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound skull		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS USEFUL TO THE MEDICIAN Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Domestic	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cole County, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot

22. I hereby certify that I attended the deceased from **Sept 20, 1951** to **Sept 20, 1951**, that I last saw the deceased alive on **Sept 20, 1951**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23. SIGNATURE <i>Robert W. Dyer</i>	(Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 9-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 22, 1951	24c. NAME OF CEMETERY OR CREMATORIUM TAOS, MO.	24d. LOCATION (City, town, or county) (State) TAOS, MO.
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DATE REC'D BY LOCAL REG. SEP 25-1951	REGISTRAR'S SIGNATURE <i>R.P. Norris</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lybrate Rulle</i>	ADDRESS J. C. MO.
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JAN 23 1950

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

Sylvester Dulle

Licensed Embalmer No.

4321

P. O. Address

Jefferson City, 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.