

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42241

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5728 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Rural-Round Grove</u> c. LENGTH OF STAY (In this place) <u>85 yrs</u>		c. CITY OR TOWN <u>Rural-Round Grove</u> <u>610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi SE of Macon</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. SE of Macon</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>S.</u> c. (Last) <u>Mayers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 18, 1866</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Athanasius Mayers</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Minerva Roland</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia May Mayers</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>Raymond E. Mayers</u> ADDRESS <u>Macon, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seen on Monday Nov. 26, 1951</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Approximate Time of Death calculated to Nov 26, 1951</u>		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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? <u>4201</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on November 26, 1951 the causes and on the date stated above.

23a. SIGNATURE <u>Charles L. Hutton</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>Nov 29, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/3/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Skinner</u>		ADDRESS <u>Macon Mo</u>	

DATE REC'D BY LOCAL REG. <u>12-17-51</u>		REGISTRAR'S SIGNATURE <u>Luth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Skinner</u> ADDRESS <u>Macon Mo</u>	
--	--	---	--	--	--

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

610

1

RECEIVED 12-27-51  
MAGON COUNTY HEALTH DEPARTMENT  
County File No. 12-51-204  
Date Filed 12-29-51

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 Thos. L. Roth

Licensed Embalmer No. 4552

P. O. Address Macon, 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.