

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14014

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 506

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0485</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 township) OR TOWN <u>Independence</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove</u> <u>0480</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u> | | d. STREET ADDRESS (If rural, give location) <u>Tarsney Lakes</u> | |

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| 3. NAME OF DECEASED a. (First) <u>MRS. MARY ELIZABETH</u> b. (Middle) <u>MAYER</u> c. (Last) _____ | | | 4. DATE OF DEATH <u>Dec 20 1951</u> (Month) (Day) (Year) | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan 7 1892</u> | 9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress - alteration</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Palace Clothing Co</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? _____ |
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| 13a. FATHER'S NAME <u>THOMAS LOGAN</u> | 13b. MOTHER'S MAIDEN NAME <u>BRTDGET CALLAHAN</u> | 14. NAME OF HUSBAND OR WIFE <u>William E Mayer</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-03-8315</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>William E Mayer</u> ADDRESS <u>Oak Grove, Mo.</u> |
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| 19. 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>POST Encephalitis Syndrome</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1946-1946</u> <u>1946</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalitis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ | 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 12-17, 1951, to 12-20, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 5:45 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John W. Wilbain</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Oak Grove Mo</u> | 23c. DATE SIGNED <u>12-21-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec 24 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 19 1951</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>2014 Linwood</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Forrest D. Goldmont*

Signed
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *K. P. 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.