

5. No. 305
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2393

State File No.

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

880
4

FILED FEB 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>4443</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. LENGTH OF STAY (in this place) 6 MOS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		<u>1.83</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION M & M Nursing Home				d. STREET ADDRESS (If rural, give location) 517 Taylor				
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Margaret		c. (Last) Mayer		4. DATE OF DEATH (Month) (Day) (Year) 1/29/52		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 5/23/1886		
9. AGE (In years last birthday) 66		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Grundy Co., Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Robert K. Mayer (deceased)	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allard Mayer Moberly, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) flu DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice (cataract?)				INTERVAL BETWEEN ONSET AND DEATH 10 days B		
19a. DATE OF OPERATION 1/29/52		19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 480X				
22. I hereby certify that I attended the deceased from Jan 10/52 to Jan 28/52 , that I last saw the deceased alive on Jan 28/52 , and that death occurred at 4:06 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. R. E. Huber, M.D.				23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 1/31/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/31/52		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Hannewell Missouri		
DATE REC'D BY LOCAL REG. 1-31-52		REGISTRAR'S SIGNATURE Mrs. L. A. Barnhart		GENERAL DIRECTOR'S SIGNATURE Marion C. Mellin		ADDRESS Moberly, Mo.		

APR 7 1952

STATEMENT BY LICENSED EMBALMER

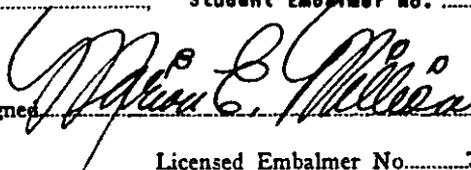
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.