

JUN 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. **19089**

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Castor		c. CITY (If outside corporate limits, write RURAL and give township) Rural Castor 1030	
c. LENGTH OF STAY (In this place) Yrs.		d. STREET ADDRESS (If rural, give location) Bloomfield, Mo. R.F.D. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print) a. (First) CHAS. b. (Middle) ----- c. (Last) MAYO			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 19, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James Philip Mayo	13b. MOTHER'S MAIDEN NAME Polly Miller	14. NAME OF HUSBAND OR WIFE Deceased
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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 Ralph Mayo-Bloomfield, Mo. R.F.D.	ADDRESS Bloomfield, Mo. R.F.D.
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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		INTERVAL BETWEEN ONSET AND DEATH born white
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Aforbid 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 Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Disease		yes	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 Jan 1, 1946, to May 16, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE John Davis	(Degree or title) MD	23b. ADDRESS Bloomfield Mo	23c. DATE SIGNED 5-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19-52	24c. NAME OF CEMETERY OR CREMATORY Bluff cemetery	24d. LOCATION (City, town, or county) (State) Stoddard County, Mo.
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DATE REC'D BY LOCAL REG. May 27, 1952	REGISTRAR'S SIGNATURE Rose Wehler	355 70	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.
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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 Lulu Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.