

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24565

State File No. 3011

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0804 | |
| c. LENGTH OF STAY (In the place) 40 days | | d. STREET ADDRESS (If rural, give location) 1721 W. Main | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital | | | |

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|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F. c. (Last) Mais | | | 4. DATE OF DEATH (Month) (Day) (Year) July 2, 1952 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Dec 18, 1881 | | 9. AGE (In years) (If under 1 year last birthday) 70 (If under 1 year Months) (If under 12 hrs. Hours) (Min.) | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Man | | 10b. KIND OF BUSINESS OR INDUSTRY Rail road | | 11. BIRTHPLACE (City and State or Foreign Country) Texas | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME John F. Mais | | 13b. MOTHER'S MAIDEN NAME Fannie Tillery | | 14. NAME OF HUSBAND OR WIFE Fredonia Mais | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fredonia Mais - Sedalia Mo | |

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|--|--|--------------------------------------|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Cerebral Hemorrhage | | DUE TO (b) Arterial Hypertension | | | 2 mos |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) Terminal Pneumo pneumonia | | | 1 year 231X |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | | | - 2 days |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|--|---|--|
| 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? | |

22. I hereby certify that I attended the deceased from May 20, 1952, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE Graham Asher (Degree or title) | | 23b. ADDRESS 1220 Professional Bldg. Kansas City Mo. | | 23c. DATE SIGNED 7-2-52 | |
| 24a. BURIAL CREMATION (Specify) Burial | | 24b. DATE July 2-52 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens | |
| | | 24d. LOCATION (City, town, or county) Sedalia Mo | | (State) | |

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|---------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 7-2-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Address Wilson F. Kaley Sedalia Mo | |
|---------------------------------|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 1954

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 *Ripon L. Kapley*
Licensed Embalmer No. 4228

P. O. Address *Indy 20*

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.