

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24787

State File No.

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5272 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Prarie)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lone Jack 0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) Johnson and Jackson Line 50 H1	

3. NAME OF DECEASED (Type or Print)	a. (First) Jessie	b. (Middle) Ladonia	c. (Last) Mayhan	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 24, 1886	9. AGE (In years last birthday) 65	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Lone Jack, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. &
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13a. FATHER'S NAME John Burns	13b. MOTHER'S MAIDEN NAME Katherine Worline	14. NAME OF HUSBAND OR WIFE John M. Mayhan (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY 496-26-6494	17. INFORMANT'S SIGNATURE OR NAME Marion V. Holmes, Hickman Mills MO.	ADDRESS
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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 10 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Rt. breast DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-23-51, 1951, to 7-16-52, 1952, that I last saw the deceased alive on 7-16-52, 1952, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE: John C. Blumenschein M.D.	(Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 17 July 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Lone Jack	24d. LOCATION (City, town, or county) (State) Lone Jack, Missouri
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DATE REC'D BY LOCAL REG. 7-19-52	REGISTRAR'S SIGNATURE Donald C. E...	25. FUNERAL DIRECTOR'S SIGNATURE W. Langford	ADDRESS Jessie Lemmit
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1967

MAR 24 REC'D

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.....

W B Langford

Signed.....

Student Embalmer

Licensed Embalmer No. *3233*

P. O. Address *Lee's Summit*

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.