

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2405

State File No. ....

FILED JAN 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 3898 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural--Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Richmond</u>	
c. LENGTH OF STAY (in this place) <u>68 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Dora, rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Earnest</u>	c. (Last) <u>Mayberry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 10 1953</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-8-1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dora, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Mayberry</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Rackley</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Mayberry</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola Mayberry</u>	ADDRESS <u>Dora, Mo</u>
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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 <u>18 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		
	ANTECEDENT CAUSES Morbid 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.			

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) <u>177X</u>
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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 1/15/, 1952, to 1/10/53, 1953, that I last saw the deceased alive on 1/9/53, 1953, and that death occurred at 7:4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Tolberman</u>	23b. ADDRESS <u>Gainesville, Missouri</u>	23c. DATE SIGNED <u>1/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sweeten Pond</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-14-53</u>	REGISTRAR'S SIGNATURE <u>Shane Mahan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u>	ADDRESS <u>Funeral Home</u>
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WRITE PLAINLY—USING UNFAADING 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Charles R. Fisk* .....

Licensed Embalmer No. *4662* .....

P. O. Address *Oiva, 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.