

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Mo		c. LENGTH OF STAY (In this place) 7 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Arthur Lee Mays			4. DATE OF DEATH (Month) (Day) (Year) Jan 21st 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15th 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Mays	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Leona Mays
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.	17. INFORMANT'S SIGNATURE OR NAME Leona Mays
		ADDRESS Eminence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 1-20, 1953, to 1-21, 1953, that I last saw the deceased alive on 1-21, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. H. Johnson</i>	(Degree or title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 2-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 23 53	24c. NAME OF CEMETERY OR CREMATORY Summers Cem	24d. LOCATION (City, town, or county) (State) Eminence, Mo
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DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funer l Home	ADDRESS Mtn View Mo
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RECEIVED

FEB 12 1958

BUTLER CO. HEALTH CENTER

FILE No. 253-169
253-81

CB-5

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 Wallace R. Knight

Licensed Embalmer No. 4514

412 Vine
P. O. Address Poplar Bluff, 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.