

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8456

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL 1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Town Limits</u>		d. STREET ADDRESS (If rural, give location) <u>Town Limits 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>JANE</u> c. (Last) <u>Mayes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>9/15/1886</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>4</u> DAYS <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>WILLIAM H SORRELL</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA CARMEN</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS MAYES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Mayes</u> ADDRESS <u>Sumner Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>CEREBRAL ARTERIOSCLEROSIS</u>		<u>8 YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		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) (Min.)		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 SEPT 12, 1950, to FEB 6, 1953, that I last saw the deceased alive on FEB 5, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Wilson M.D.</u> (Degree or title)		23b. ADDRESS <u>Sumner Mo</u>		23c. DATE SIGNED <u>2/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/9/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sumner Mo</u>		DATE REC'D BY LOCAL REG. <u>2-11-53</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> ADDRESS <u>Sumner City</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Norval Garrison</u>		ADDRESS <u>Sumner City</u>			

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

10 20
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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.....

Harold Green

Signed.....

Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.