

STANDARD CERTIFICATE OF DEATH

State File No. **13884**

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 439

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1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>McVernon Rural</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>HERBERT</u> b. (Middle) _____ c. (Last) <u>MAYBERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Sept-19-1894</u>	9. AGE (In years last birthday) <u>58</u>	10. F UNDER 1 YEAR <u>0</u>	11. F UNDER 1 YEAR <u>0</u>	12. F UNDER 1 YEAR <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Christian County 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>Mary Kathryn Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Mayberry</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Mayberry McVernon Mo Rt 2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepato-Renal Failure with menen</u> ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>4/24/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic cholecystitis with lithiasis</u>				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) _____	
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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 4/20, 1953, to 5-1, 1953, that I last saw the deceased alive on 4/30, 1953 and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Roland Langston M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield</u>		23c. DATE SIGNED <u>5/1/53</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>May-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mayberry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tory Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-6-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fawcett</u>		ADDRESS <u>McVernon, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Langston 2000

JAN 29 1963

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Int. Union, 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.