No. 300
10.48

FILED JUN 9 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16969

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 88

**1. PLACE OF DEATH**
a. COUNTY: Audrain 0040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salt River
c. LENGTH OF STAY (in this place): 2½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. #1 Molino

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain 0040
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia Rural
d. STREET ADDRESS (If rural, give location): R. F. D. #3

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): Franklin
c. (Last): Mayes

**4. DATE OF DEATH** (Month) (Day) (Year): May 31, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Feb. 25, 1870
**9. AGE** (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: Construction
**11. BIRTHPLACE** (City and State or Foreign Country): Audrain County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: B. F. Mayes
**13b. MOTHER'S MAIDEN NAME**: Emily Shock
**14. NAME OF HUSBAND OR WIFE**: ---

**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.**: 498-12-4030
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Fred Mayes Madison, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

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**: 2040
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec. 1, 1953, *to* May 31, 1953, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): K. L. Swan D.O. 2
**23b. ADDRESS**: Mexico Mo.
**23c. DATE SIGNED**: 6-1-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6/2/53
**24c. NAME OF CEMETERY OR CREMATORY**: New Hope
**24d. LOCATION** (City, town, or county) (State): Audrain County, Mo.

**DATE REC'D BY LOCAL REG.**: June 1-1953
**REGISTRAR'S SIGNATURE**: Blanche Neely
**25. FUNERAL DIRECTOR'S SIGNATURE**: Chas Arnold Jr
**ADDRESS**: Mexico

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 [illegible]

Licensed Embalmer No. 3569

P. O. Address Mexico, Me

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.