

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

State File No. **9710**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill --Rural	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) South of Clifton Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Fay c. (Last) Mayo			4. DATE OF DEATH (Month) (Day) (Year) March 14 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 27, 1869	9. AGE (In years last birthday) 84	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) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Allen Mayo		13b. MOTHER'S MAIDEN NAME Emma Birch McDavitt		14. NAME OF HUSBAND OR WIFE Sallie Mayo Mayo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sallie Mayo Mayo; Clifton Hill, 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		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	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. 493 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	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 March 4, 1954, to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE W.E. Alexander M.D.	(Degree or title)	23b. ADDRESS Clifton Hill	23c. DATE SIGNED 3-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-16-1954	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri
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DATE REC'D BY LOCAL REG. 3-16-54	REGISTRAR'S SIGNATURE Seab Duesman	269	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

1938

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.