No. 300
10.48

10
1

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

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17599

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4473 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 102 Vine st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Saline 0970
c. CITY OR TOWN: Sweet Springs
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐ 0
STREET ADDRESS (If rural, give location): 102 Vine St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Walter c. (Last) Mayse
4. DATE OF DEATH (Month) (Day) (Year): May 29 1954
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: June 17, 1876
9. AGE (In years last birthday): 77 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sweet Springs, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Uriah Mayse
13b. MOTHER'S MAIDEN NAME: Lucy Reavis
14. NAME OF HUSBAND OR WIFE: Maude Mayse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Maude Mayse ADDRESS: Sweet Springs, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial degeneration

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: 331 X
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* 5-28, 1954 *to* 5-29, 1954, *that I last saw the deceased alive on* 5-28, 1954 *and that death occurred at* 7:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: J. T. Hale (Degree or title): D.O.
23b. ADDRESS: Sweet Springs Mo
23c. DATE SIGNED: 5-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31 1954
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Sweet Springs, Missouri

DATE REC'D BY LOCAL REG.: May 31-54
REGISTRAR'S SIGNATURE: Elizabeth Yankee
25. FUNERAL DIRECTOR'S SIGNATURE: Edgar L. Moseley ADDRESS: Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address Sweet Spr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.