

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26847

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 789

1. PLACE OF DEATH  
a. COUNTY ~~MISSOURI~~ **GREENE**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE **MISSOURI** b. COUNTY **GREENE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **SPRINGFIELD** c. LENGTH OF STAY (in this place)  
c. CITY OR TOWN **SPRINGFIELD** d. Is residence within limits of city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2407 N. HOWARD**  
e. STREET ADDRESS (If rural, give location) **2407 N. HOWARD** 0396

3. NAME OF DECEASED (Type or Print)  
a. (First) **MALINDA** b. (Middle) **JANE** c. (Last) **MAYES** 4. DATE OF DEATH (Month) (Day) (Year) **AUGUST 16, 1954**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **12 JULY 1878** 9. AGE (In years last birthday) **76** 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) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **IN HOME** 11. BIRTHPLACE (City and State or Foreign Country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **CHARLES PARKER** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **RICHARD C. MAYES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or name of service) **NO** 16. SOCIAL SECURITY NO. **NO** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **RICHARD C. MAYES SPRINGFIELD, MO.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **2 or 3hrs.**

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Decompensating heart** **18 month**

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 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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 **7-12**, **1952**, to **8-16**, **1954**, that I last saw the deceased alive on **8-13**, **1954**, and that death occurred at **4:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C E Zella M.D.** 23b. ADDRESS **609 CHERRY SPRINGFIELD, MISSOURI** 23c. DATE SIGNED **8-16-54**

24a. BURIAL CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **8-18-54** 24c. NAME OF CEMETERY OR CREMATORY **GREENLAWN CEMETERY** 24d. LOCATION (City, town, or county) (State) **SPRINGFIELD, MO.**

DATE REC'D BY LOCAL REG. **8-17-54** REGISTRAR'S SIGNATURE **Walter Williamson** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Junklingner & Co. SPRINGFIELD, MO.**

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.....  
Signature of Student Embalmer

Signed *Ogle Stone Jr*.....

Licensed Embalmer No. *4176*.....

P. O. Address *Springfield*.....

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

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