

FILED SEP 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. **28181**BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry, Mo.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 510 West Bailey		0 570
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 W. Bailey			d. STREET ADDRESS (If rural, give location) Elsberry, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGIA		b. (Middle) ANN	c. (Last) MAYES	4. DATE OF DEATH (Month) (Day) (Year) August 4, 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 12, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Winfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Herring		13b. MOTHER'S MAIDEN NAME Mary Irvin		14. NAME OF HUSBAND OR WIFE Eugene L. Mayes	
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 ADDRESS Elmer Mayes - Elsberry, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 26, 1954 , to August 4, 1954 , that I last saw the deceased alive on August 4, 1954 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Robert N. Hull		(Degree or title) Dr. Elsberry, Missouri		23b. ADDRESS	23c. DATE SIGNED August 6, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-6-54	24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry, Missouri		
DATE REC'D BY LOCAL REG. 8/30/54	REGISTRAR'S SIGNATURE Mrs. Clarence Krentz	25. FUNERAL DIRECTOR'S SIGNATURE Shelton	ADDRESS Elsberry, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

