

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28547

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY OR TOWN <b>LOUISIANA</b>		c. CITY OR TOWN <b>RURAL - UNION 0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>RED<sup>TH</sup>, WHITESIDE, MO.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>KIRTLEY</b> b. (Middle) <b>RAY</b> c. (Last) <b>MAYS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 31, 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 10, 1887</b>
9. AGE (In years) last birthday <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>CLARKSVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JAMES EDWARD MAYS</b>		13b. MOTHER'S MAIDEN NAME <b>LEAVIE ELLA FAUBER</b>	
14. NAME OF HUSBAND OR WIFE <b>MVRTIE MAYS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>498-13-2667</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MVRTIE MAYS - WHITESIDE, MO.</b>	
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) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>hypertension</b> 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 <b>331X</b>	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>11-24, 1953</b> , to <b>8-31, 1954</b> , that I last saw the deceased alive on <b>8-31, 1954</b> , and that death occurred at <b>5:10 P.M.</b> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		23b. ADDRESS <b>Louisiana, Missouri</b>	
23c. DATE SIGNED <b>9-1-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>SEPT 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EDLIA CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>EDLIA, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GEO. M. COLLIER, LOUISIANA, MO.</b>	
DATE REC'D BY LOCAL REG. <b>9-4-1954</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, Mo

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.