

STANDARD CERTIFICATE OF DEATH

30139

State File No.

FILED SEP 20 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 3502 Registrar's No. 10

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Cole	b. CITY (If outside corporate limits, write RURAL and give township) Eugene	a. STATE Missouri	b. COUNTY Miller
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Eldon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hy 54 11 mi. E. of Eldon		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) GERTRUDE	b. (Middle) OLIVE	c. (Last) MAYLEE	(Month) Sept.	(Day) 10	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22, 1907		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miller Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Theodore Martin	13b. MOTHER'S MAIDEN NAME Christina Bear	14. NAME OF HUSBAND OR WIFE Robert B. Maylee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Lost	17. INFORMANT'S SIGNATURE OR NAME R. B. Maylee
		ADDRESS Eldon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull (Brushed)		
	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. E.P. 234 32			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Single Homicide Car	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Car	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Hickory Hill Miller Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-10-54 6 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Ran off Road Junction 54 217

22. I hereby certify that I attended the deceased from 9-10, 1954, 19, that I last saw the deceased alive on _____, 19, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Bruce W. D. Jefferson	23b. ADDRESS Crown Creek	23c. DATE SIGNED 9-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12-54	24c. NAME OF CEMETERY OR CREMATORY Tuscumbia
		24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo.

DATE REC'D BY LOCAL REG. 9/13, 1954	REGISTRAR'S SIGNATURE Mr. J. L. Glover	25. FUNERAL DIRECTOR'S SIGNATURE Miss D. Phillips	ADDRESS Eldon
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

260
30

MAY 25 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.....

Louis D. Phillips

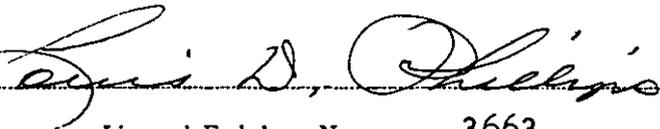
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

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.