No. 300
10-48

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37943
State File No.

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 68

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bunton Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 5739 Harrison

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) B. c. (Last) Mayhugh
4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 18 1869
9. AGE (In years last birthday): 85 IF UNDER 1 YEAR Months: 1 Days: 28 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (City and State or Foreign Country): Ill.
12. CITIZEN OF WHAT COUNTRY: Usa
13a. FATHER'S NAME: Phillip T. Bridger
13b. MOTHER'S MAIDEN NAME: Margarett Montgomery
14. NAME OF HUSBAND OR WIFE: John West Mayhugh
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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Byron Bridger ADDRESS: Mendon MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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 Embolus — INTERVAL BETWEEN ONSET AND DEATH

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) Hypertension

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Decompensation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332 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 Aug, 1954, to Nov 16, 1954, that I last saw the deceased alive on Nov 10, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: John W. Jones M.D. (Degree or Title)
23b. ADDRESS: Marceline Mo
23c. DATE SIGNED: 11-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-1954
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 11-17-54
REGISTRAR'S SIGNATURE: M. A. Ringquist 401-0
25. FUNERAL DIRECTOR'S SIGNATURE: S. R. Leopard ADDRESS: Mendon Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1956

SEP 15 1956

FEB 15 1956

AUG 29 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed S. L. Leipard

Licensed Embalmer No. 397

P. O. Address Mendon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.