

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12

BIRTH NO. 39-55 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY ADAIR			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR		
b. CITY OR TOWN KIRKSVILLE 0		c. LENGTH OF STAY (in this place) 3 Mo. 40m	c. CITY OR TOWN HURDLAND		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC			e. STREET ADDRESS (If rural, give location) 1 1/2 MI. N. HURDLAND 0010 1		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) LEE ROY	c. (Last) MAYER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 20 1955
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 0	8. DATE OF BIRTH JAN 20 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KIRKSVILLE MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHAS. MAYER		13b. MOTHER'S MAIDEN NAME FREDA OESTLER		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHAS. MAYER HURDLAND 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, ashenia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia					INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Pulmonary atelectasis					birth
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 None				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) (Min)	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 Jan 20 , 1955, to Jan 20 , 1955, that I last saw the deceased alive on Jan 20 , 1955, and that death occurred at 7:40 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. O. Reynolds		23b. ADDRESS D. O. P.O.H. Kirksville, Mo.		23c. DATE SIGNED 1-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 22 1955	24c. NAME OF CEMETERY OR CREMATORY IOOF	24d. LOCATION (City, town, or county) (State) HURDLAND MO.		
DATE REC'D BY LOCAL REG. 1-25-54	REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Hoasly Jr. Hurdland Mo		

(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.....
Signature of Student Embalmer

Signed..... *Geo B Easley Jr*

Licensed Embalmer No. *375*

P. O. Address..... *Hurdman*

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.