

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1934

State File No. ....

FILED JAN 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> c. CITY OR TOWN <u>Chamois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chamois Rural Cent. 10 yrs</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Chamois, Mo R.H.</u>		e. STREET ADDRESS (If rural, give location) <u>R. F. H. Benton Twp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Sullivan</u> b. (Middle) <u>Mayer</u> c. (Last) <u>Mayer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-3-1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 16 1890</u>	9. AGE (In years last birthday) <u>64</u> Months <u>5</u> Days <u>17</u>	10. IF UNDER 1 MRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Earl, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Mayer</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Jenkins</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Mebruer Mayer</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-10-5508</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. S. Mayer-Chamois</u> ADDRESS <u></u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Infarct</u>		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) <u>Atherosclerotic Heart Disease</u>		
	DUE TO (c) <u></u>		
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 <u>1200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 11, 1954, to Dec 18, 1954, that I last saw the deceased alive on Dec. 18, 1954 and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Ottman MD</u>	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>Jan. 4, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parish Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Frankenstein - Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-5-55</u>	REGISTRAR'S SIGNATURE <u>Anna Moran</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayde Norton Linn, Mo</u> ADDRESS <u></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NS FEB 29 1960

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 *Vernon M. Moore*.....

Licensed Embalmer No. *412*

P. O. Address *Lincoln*.....

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.