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FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5438

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Higginsville</u> <u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 W. 27th St.</u>		d. STREET ADDRESS (If rural, give location) <u>101 W. 27th St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARY</u>	b. (Middle)	c. (Last) <u>MAYTA</u>	(Month) <u>Feb</u>	(Day) <u>19</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Jan 18, 1876</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u>1</u>	# UNDER 1 YEAR Days <u>1</u>	# UNDER 1 YEAR Hours <u>1</u>	# UNDER 1 YEAR Mins. <u></u>
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10a. USUAL OCCUPATION (Gives kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benard Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Arth</u>	14. NAME OF HUSBAND OR WIFE <u>Martin Mayta</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Edward P. Mayta (Son)</u>	ADDRESS <u>Higginsville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Art in sclerotic heart disease</u>		
	DUE TO (c)		
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>4200</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 1-26, 1953, to 2-19, 1955, that I last saw the deceased alive on 2-19, 1955, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wilbur E. Falsbenson</u> <u>154</u> (Degree or title) <u>D. M. D.</u>	23b. ADDRESS <u>Higginsville, Mo.</u>	23c. DATE SIGNED <u>2-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 21 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 24-55</u>	REGISTRAR'S SIGNATURE <u>Clayton St. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Blader</u>	ADDRESS <u>Higginsville, Mo.</u>
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(Licensed Embalmer's Statement of 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert H. Riches*

Signed.....

Student Embalmer

Licensed Embalmer No. *14284*

P. O. Address *Highsville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*Robert H. Riches*