

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH40746
State File No. 5421

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 14 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 3317 Karnes Blvd.				e. STREET ADDRESS (If rural, give location) 46 3317 Karnes Boulevard				
3. NAME OF DECEASED (Type or Print) a. (First) Homer		b. (Middle) T.		c. (Last) Mays		4. DATE OF DEATH (Month) (Day) (Year) 12 12 55		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-11-1887		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Faddis Motor Co.		11. BIRTHPLACE (City and State or Foreign Country) Milo, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME William J. Mays			13b. MOTHER'S MAIDEN NAME Amie M. Baker		14. NAME OF HUSBAND OR WIFE Edna Mays			
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. 513-01-6637		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edwin S. Mays, 3317 Karnes Blvd.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon				ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				153X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. age 68				
19a. DATE OF OPERATION Feb 15 55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon.				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 Feb. 1955 to Dec 12, 1955 , that I last saw the deceased 'alive on Dec 12, 1955 , and that death occurred at 6/27 PM , from the causes and on the date stated above.								
23a. SIGNATURE E.N. Gentry <i>E. N. Gentry</i>			(Degree or title) M.D.		23b. ADDRESS 324 E 11th ICC Bldg		23c. DATE SIGNED 12/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-55	24c. NAME OF CEMETERY OR CREMATORY Mount Vernon Cemetery		24d. LOCATION (City, town, or county) (State) Atchison, Kansas			
DATE REC'D BY LOCAL REG. 12-13-55		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Bylar, 1800 E. Linwood			

(Licensed Embalmer's Statement on Reverse Side)

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

R.R. E. 71 22
324 E. 11
HA 1-15
aff

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..... *Ivan E. Miller*

Licensed Embalmer No... *498*

P. O. Address..... *N.C., M*

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.