

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41742**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Flat River		c. CITY OR TOWN Flat River	
c. LENGTH OF STAY (in this place) 21 Yrs.		d. 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		e. STREET ADDRESS (If rural, give location) 608 E Main	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lorene c. (Last) Mayberry			4. DATE OF DEATH (Month) (Day) (Year) Dec; 24 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 13th. 1913			9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 11 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Elvins RR#1, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ervin Barton		13b. MOTHER'S MAIDEN NAME Grace Williams		14. NAME OF HUSBAND OR WIFE Robert Mayberry	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Mayberry, Flat River, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the cervix Post irradiation persistence DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X			INTERVAL BETWEEN ONSET AND DEATH 1 wk 20 mos.
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19a. DATE OF OPERATION Dec '55		19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of cervix (Barnes Hospital)		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)		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 4-14, 1954, to 12-24, 1954, that I last saw the deceased alive on 12-23, 1954, and that death occurred at 11:30A., from the causes and on the date stated above.

23a. SIGNATURE George L. Walters, M.D.		23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 12-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/55		24c. NAME OF CEMETERY OR CREMATORY Mayberry Cemetery	
24d. LOCATION (City, town, or county) Avon, Mo.					

DATE REC'D BY LOCAL REG. Dec. 29, 1955		REGISTRAR'S SIGNATURE Etheridge		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.Z. Boyer & Son Desloge, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27 1950

AM 3 11 11

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..... *C. J. Bayer*

Licensed Embalmer No... *16*

P. O. Address *Wesley*

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