

Public Health Service

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27876
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 5-967 Registrar's No. 64-

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston Twn. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Leavenworth Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 45 Highway Length of stay in lb		d. STREET ADDRESS 519 Cheyenne (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Eddie Rogers Mayes First Middle Last			4. DATE OF DEATH August 21, 1956 Month Day Year		
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1920	9. AGE (In years last birthday) 35 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Wadsworth VA	11. BIRTHPLACE (City and state or country) Norwood, Ga.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lobe Mayes			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		16. SOCIAL SECURITY NO. Does not know	17. INFORMANT Mrs Leola Mayes Address 519 Cheyenne Leavenworth, Kans.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE & CRUSHED CHEST		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Auto Accident		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	20f. CITY, TOWN, OR LOCATION COUNTY STATE HIGHWAY 45 PLATTE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Approx. 6:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Roland M. Liffa, Coroner	22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 8-22-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-22-56	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.
		23d. LOCATION (City, town, or county) (State) Norwood Ga.
24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston, Mo.	25. DATE RECD. BY LOCAL REG. 8.22.-56	26. REGISTRAR'S SIGNATURE Alpha Rollins

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

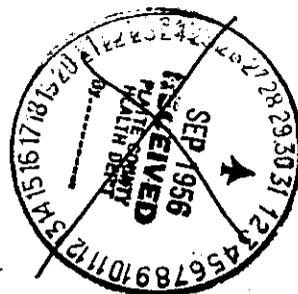
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2570

SEP 6 1956

SEP 18 1956

SEP 17 1956



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 *W. R. Vaughn*

Licensed Embalmer No. *40*

P. O. Address *Weston*

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.