

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36928

STATE FILE NUMBER

FILED DEC 4 - 1956

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		c. CITY - OR TOWN Plattsburg	
c. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Ho Sp.		d. STREET ADDRESS 113 1/2 Clay	

3. NAME OF DECEASED (Type or print) First John William Middle Mayse Last			4. DATE OF DEATH Month 11 Day 30 Year 1956			
---	--	--	--	--	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 24 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1 Days 30 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13. FATHER'S NAME John D. Mayse	14. MOTHER'S MAIDEN NAME Anna D. Hill
--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Pearl Hopkins Plattsburg	Address
---	-------------------------------------	--	---------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal uremia - nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Advanced generalized arteriosclerosis	
	DUE TO (c) Arteriosclerotic cardio-vascular disease	
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 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 a. m. Month p. m. Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	--	------------------------------	--------	-------

21. I attended the deceased from 9th 8/2/53 to 11/30/56 and last saw ^{her} him alive on 11/30/56 Death occurred at 9th 2 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Garkio, Mo	22c. DATE SIGNED 11/30/56
---	--------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Galvary	23d. LOCATION (City, town, or county) Plattsburg Mo	(State)
---	-----------	---	--	---------

24. FUNERAL DIRECTOR D. D. LYON	ADDRESS Plattsburg mo.	25. DATE RECD. BY LOCAL REG. Dec. 2, 1956	26. REGISTRAR'S SIGNATURE Thermin V. Schooler
--	-------------------------------	--	--

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

43
0

WEST VIRGINIA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *D. D. Lyon*

Licensed Embalmer No. 364
Plattsburg Mo.
P. O. Address

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