S. No. 300
v. 10-48

FILED NOV 28 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37316

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If suicide corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1500 So Independence Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN Harrisonville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1500 So. Independence Ave

3. NAME OF DECEASED (Type or Print) a. (First) LUDWIG b. (Middle) c. (Last) MAYER
4. DATE OF DEATH (Month) (Day) (Year) Nov 18 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 13 1869
9. AGE (In years last birthday) 87 | 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) Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Wurttenburg Germany
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Ludwig Mayer
13b. MOTHER'S MAIDEN NAME Catherine
14. NAME OF HUSBAND OR WIFE Elizabeth Mayer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Richard Hipple Harrisonville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CONGESTIVE HEART FAILURE — 1 YEAR
DUE TO (c) ARTERIO-SCLEROTIC HEART DISEASE — 10 YRS

11. 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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 1956, *to* Nov. 18, 1956, *that I last saw the deceased alive on* Nov. 17, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J C Moody MD (Degree or title)
23b. ADDRESS HARRISONVILLE Mo
23c. DATE SIGNED 11-19-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 20 1956
24c. NAME OF CEMETERY OR CREMATORY Clearfork Cemetery
24d. LOCATION (City, town, or county) Garden City (State) Mo
DATE REC'D BY LOCAL REG. 11-20-56
REGISTRAR'S SIGNATURE Prudelle Anderson Deputy
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburger Harrisonville Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

4570

RECEIVED
NOV 26 1956
CASS COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 464

P. O. Address Harrisonville

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