

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42514**

FILED DEC 27 1956

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443** Registrar's No. **237**

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. LENGTH OF STAY (in this place) 3 months	c. CITY OR TOWN Clifton Hill
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Winkler Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Rector c. (Last) Mayo		4. DATE OF DEATH (Month) (Day) (Year) December 16 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH April 10, 1868
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY retired	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Porter Mayo		13b. MOTHER'S MAIDEN NAME Cynthia Margaret Stark	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Polson: Clifton Hill, Missouri
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES steno sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. 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 None	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) 331-X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 9/13, 1956 , to 12/15, 1956 , that I last saw the deceased alive on 12/15, 1956 , and that death occurred at 4 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Dreyer MD		23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 12/18/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-17-1956	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri
DATE REC'D BY LOCAL REG. 12-20-56	REGISTRAR'S SIGNATURE Mary H. Beutler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville Mo	

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.. *Tom B. Patton*

Licensed Embalmer No. *391*

P. O. Address *Hunter*

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.