FILED FEB 13-1957

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

STATE FILE NUMBER 3507

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Marmaton River & Highway 71 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Mo. 3 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 719 Montgall Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Elvin Middle Last Mays
4. DATE OF DEATH Month 2 Day 2 Year 57
5. SEX M
6. COLOR OR RACE colored
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 17, 1922
9. AGE (In years last birthday) 34 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) truckdriver
10b. KIND OF BUSINESS OR INDUSTRY Columbia Bag Co. 512 Grand K. C. Mo.
11. BIRTHPLACE (City and state or country) Corp. Ozan, Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Lee Mays
14. MOTHER'S MAIDEN NAME Ula B. Carr
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. 431-36-5175
17. INFORMANT Earlie Mays, 917 Montgall, K. C. Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffication in Water - Drounded
INTERVAL BETWEEN ONSET AND DEATH 2-3 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Dry Condition of River
DUE TO (c)
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 ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) One truck accident
20c. TIME OF INJURY Hour 1 55 pm Month, Day, Year 2-2 57
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Marmaton River
20f. CITY, TOWN, OR LOCATION Near Nevada COUNTY STATE Mo.

21. I attended the deceased from _____, to _____ and last saw ~~him~~ him alive on _____
Death occurred at 1 55 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Shorter (Degree or title) Coroner 3
22b. ADDRESS Nevada
22c. DATE SIGNED 2-2 57 MO

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 2-3-57
23c. NAME OF CEMETERY OR CREMATORY local
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Mo.
25. DATE RECD. BY LOCAL REG. 2-7-1957
26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 8 1957

MAR 4 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. Douglas Ferry.....

Licensed Embalmer No. 49

P. O. Address Nevada

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.