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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

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3658

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 17

1. PLACE OF DEATH

a. COUNTY: Barton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Length of stay in 1b: 17 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Barton

c. CITY OR TOWN: Rural- Lamar Twsp. 0060 — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Lamar R#1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: RAYMOND Middle: EDGAR Last: MAYHUGH

4. DATE OF DEATH Month Day Year: Feb 8 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH: Aug 16 1891

9. AGE (In years last birthday): 65 — 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): Electric switch-board Opr.

10b. KIND OF BUSINESS OR INDUSTRY: Armour & Co.

11. BIRTHPLACE (City and state or country): Eldorado Springs, Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Alnozo DeWitt Mayhugh

14. MOTHER'S MAIDEN NAME: Julia Lucinda Bush

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 510-05-5966

17. INFORMANT Address: Mrs. Leah Mayhugh, Lamar, Mo. R#1

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): Generalized Bony metastases (Pelvis, Femurs, Skull, Ribs, Scapulae) — INTERVAL BETWEEN ONSET AND DEATH: 4/2/57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): Probably Carcinoma of Prostate

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. p. m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 2, 1956 to Feb 8, 1957 and last saw ~~her~~ him alive on Feb 8, 1957

Death occurred at 1:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leon T. Bickel, MD

22b. ADDRESS: Lamar, Missouri

22c. DATE SIGNED: 2/11/57.

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Feb 11 1957

23c. NAME OF CEMETERY OR CREMATORY: Lake

23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS: Konantz Funeral Home, Lamar, Missouri

25. DATE RECD. BY LOCAL REG.: FEB 12 '57

26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

14-0

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 Norman L. Thompson

Licensed Embalmer No. 481

P. O. Address Hamar, ?

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.