FILED AUG 21 1957

STANDARD CERTIFICATE OF DEATH

28639
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Vernon — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. State Sanatorium — Length of stay in 1b: 1097 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: St. James, Mo. 0810 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Box 66 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Walter Middle: E. Last: Mayberry

4. DATE OF DEATH Month Day Year: August 13, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 16, 1887
9. AGE (In years last birthday): 70 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Rolla, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. R. Mayberry
14. MOTHER'S MAIDEN NAME: Julia Brisbane

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.: 486-18-4892 ? 486-18-4898 ?
17. INFORMANT Address: San. records, Mo. State San., Mt. Vernon, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pulmonary tuberculosis Far Advanced — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 002X

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.)
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 8 - 12 - 54, to 8 - 13 - 57 and last saw ~~her~~ him alive on 8-13-57
Death occurred at 8:05 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C E Hellweg M. D.
22b. ADDRESS: Mt. Vernon, Mo.
22c. DATE SIGNED: 8-13-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-13-57
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): St. James, Mo.

24. FUNERAL DIRECTOR ADDRESS: H H Lossett Mt Vernon Mo
25. DATE RECD. BY LOCAL REG.: 8-13-57
26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

diseases in Part I must be casually related.

411-0

AUG 29 1957

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 ...ML....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. D. Lossett

Licensed Embalmer No 2..

P. O. Address Mt. Vern

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.