

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH34521  
STATE FILE NUMBERRegistration District No. 323 Primary Registration District No. 6090 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Township</u>		c. CITY OR TOWN <u>Sweet Springs</u> <u>911</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smicks East of Sweet Spgs</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles East of Sweet Springs</u>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>David</u> Last <u>Mayse</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 12, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years, last birthday) <u>76</u>
13a. FATHER'S NAME <u>Uriah Mayse</u>		13b. MOTHER'S MAIDEN NAME <u>Lucie Ann Reavis</u>	11. BIRTHPLACE (City and state or country) <u>Sweet Springs, Mo</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis (Died during sleep -)</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Mayse</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease.</u>		17. INFORMANT Address <u>Mrs Ethel Mayse, Sweet Springs Mo</u>	
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? <u>NO</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	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 <u>Aug 49</u> to <u>Sept 57</u> and last saw him alive on <u>9-16-57</u> Death occurred at <u>approx 11 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph H Jones M.D.</u> (Degree or title)		22b. ADDRESS <u>Marshall, Mo</u>	22c. DATE SIGNED <u>9-22-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 24 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Edgar L Mosley, Sweet Springs, Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>Sept 24, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mary Mosley</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 2 1951

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 *Edgar L Mosley* .....  
Licensed Embalmer No. *4711* .....

P. O. Address *Swain Spring* .....

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.