t. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

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 DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43707
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cape Osteopathic — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 614 S. Pacific — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Marie Middle: Ernistine Last: Mayhew
4. DATE OF DEATH: Month December Day 16 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 16, 1879
9. AGE (In years last birthday): 78
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Wittenberg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13. FATHER'S NAME: Henry Birner
14. MOTHER'S MAIDEN NAME:
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.: none
17. INFORMANT: Eddie Mayhew Address: Cape Girardeau, Mo

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) Myo Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — years
DUE TO (c) Cardio-Vascular-Renal — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Osteo Arthritis, Bronchial Asthma, Cataracts, Senility 416x
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 Sept 3, 1948 to Dec. 15, 1957 and last saw her alive on Dec 15, 1957
Death occurred at 8:04 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. M. Stevenson (Degree or title) D.O.
22b. ADDRESS: 303-06 Hirsch Bldg, Cape Girardeau, Mo.
22c. DATE SIGNED: 12/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/18/57
23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: C. J. Lorberg ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 12-27-57
26. REGISTRAR'S SIGNATURE: Milford Winchester Dep

(Licensed Embalmer's Statement on Reverse Side)

44-9

STATEMENT BY LICENSED EMBALMER

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

by me, or by Walter J. Ford, Student Embalmer No. 557

working under my personal supervision.

Student Walter J. Ford
Signature of Student Embalmer

Signed O. J. Loberg

Licensed Embalmer No. 581

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.