

FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

111
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent		d. STREET ADDRESS (If outside, give location) N. 4th St.	
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last MAYHEW		4. DATE OF DEATH Month Jan. Day 19, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 14, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 2 Days 5 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Mayhew		13b. MOTHER'S MAIDEN NAME Sarah E. Reynolds	
14. NAME OF HUSBAND OR WIFE Treasa H. Mayhew		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ervin Thomas Monett, 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) 1) Bronchopneumonia, ac. Bilateral 2) Multiple infarcts, oc. long DUE TO (b) Infectious origin DUE TO (c) 491X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not selected for terminal diagnosis condition given in PART I (a) 1) Coronary atherosclerosis 2) Prostatic hypertrophy			INTERVAL BETWEEN ONSET AND DEATH 17 days
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 Month Day Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Jan 3 1958 to Jan 19 1958 and last saw him alive on Jan 19 1958 Death occurred 10:15 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. D. Buchanan M.D.		22b. ADDRESS Monett Mo	
22c. DATE SIGNED 1-22-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/21/58	
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.	
24. FUNERAL DIRECTOR J. D. Buchanan Monett, Mo.		25. DATE RECD. BY LOCAL REG. 1-25-58	
26. REGISTRAR'S SIGNATURE Mr. C. N. Cook			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 158-23

DATE REC. 1-27-58

FEB 18 1958

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.