

Health,  
Welfare  
Public  
Service

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004783  
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 20

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Belton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Belton</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>211 King Ave</b>		Length of stay in lb <b>3 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>211 King Ave</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>COY</b> Middle <b>EDWARD</b> Last <b>MAYSE</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>16,</b> Year <b>1958</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 27, 1894</b>	9. AGE (In years) <b>69</b> (birthdays)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and state or country) <b>Cedar Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles Mayse</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Suttle</b>	14. NAME OF HUSBAND OR WIFE <b>Liza Mayse</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-05-9684</b>	17. INFORMANT <b>Mrs Coy Mayse</b> Address <b>Belton, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION, ACUTE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</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) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.) <b>NONE</b>
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>NONE</b>	20f. CITY, TOWN, OR LOCATION <b>BELTON</b> COUNTY <b>CASS</b> STATE <b>MISSOURI</b>
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21. I attended the deceased from Death occurred at <b>11:20 A</b> m on the date stated above; and to the best of my knowledge, and the best of my knowledge, from the causes stated. and <b>her</b> <b>him</b> <b>FOUND DEAD</b>	21. I attended the deceased from Death occurred at _____ m on the date stated above; and to the best of my knowledge, and the best of my knowledge, from the causes stated.
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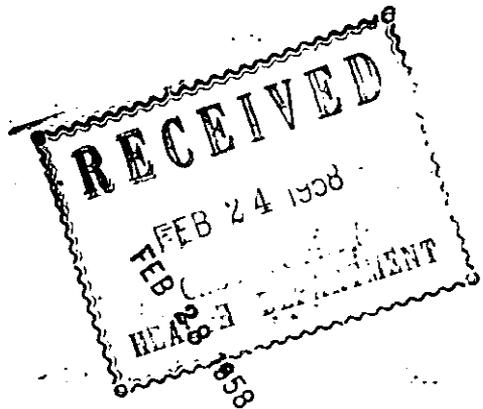
22a. SIGNATURE (Degree or title) <b>Herbert G. Tracy, M.D.</b>	22b. ADDRESS <b>BELTON, Mo.</b>	22c. DATE SIGNED <b>2-17-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>FEB 18 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fair Play, Missouri</b>
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24. FUNERAL DIRECTOR <b>George &amp; Sons, Inc</b> ADDRESS <b>Belton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 18, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Nora Barward</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Betta, 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.