

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009173
State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 37

01910

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ...a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> <u>10190</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>5 Weeks</u>	c. CITY OR TOWN <u>Harrisonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Nine miles South on 71 Highway</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edna</u>	b. (Middle) <u>Ora</u>	c. (Last) <u>Mayer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>January 28 1887</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs.: Days) (Hours) (Min.) <u>71</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mason City, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Melton</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Wilcox</u>	14. NAME OF HUSBAND OR WIFE <u>John Mayer, Deceased</u>
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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) <u>NO none</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Wayne Mayer Harrisonville, Missouri.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	DUE TO (c) <u>Fracture Left Acetabulum</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 MOUTH</u>			

19a. DATE OF OPERATION <u>3/1/58</u>	19b. MAJOR FINDINGS OF OPERATION <u>33 X F</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>(Specify)</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville (Cass) Mo</u>
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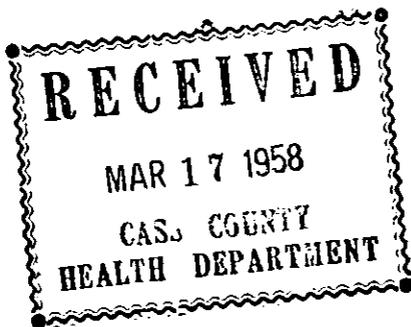
21d. TIME OF INJURY (Month) (Day) (Hour) (Min.) <u>Mar 5 2:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1950, to MAR. 5, 1958, that I last saw the deceased alive on MAR 5 1958, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>7 MAR 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 7 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Adrian, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 7, 1958</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Dickay Archie, Mo</u>
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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 *Robert Peterson*.....

Licensed Embalmer No. *4922*

P. O. Address *Sumner*.....

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.