

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017035
STATE FILE NUMBER

FILED MAY 7 1958

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 43

300
1-57

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1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dexter <u>10310</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 309 No. Catalpa
3. NAME OF DECEASED (Type or print) First Charles Middle James Last Mayer			4. DATE OF DEATH Month April Day 17 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21, 1885
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) 72 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Murfreesboro, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Mayer		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Carrie Mayer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Carrie Mayer, Dexter, 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) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension			
DUE TO (c) arteriosclerosis			
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? 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>5-1-57</u> to <u>4-17-58</u> and last saw him alive on <u>4-16-58</u> Death occurred at <u>3:20</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. Jones</i> (Degree or title) <i>D.O.</i>		22b. ADDRESS <u>117 S. Walnut, Dexter</u>	22c. DATE SIGNED <u>4-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-19-58	23c. NAME OF CEMETERY OR CREMATORY Bernie	23d. LOCATION (City, town, or county) (State) Bernie, Missouri
24. FUNERAL DIRECTOR ADDRESS Strickland-Rainey Dexter, Mo.		25. DATE RECD. BY LOCAL REG. <u>4/30/58</u>	26. REGISTRAR'S SIGNATURE <i>Welma V. Jenkins</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lucille Paisley*.....

Licensed Embalmer No. *4983*.....

P. O. Address *Deputy, 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.