

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018871  
STATE FILE NUMBER

FILED MAY 22 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 48

Health, Welfare, Public Service  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lexington Mo</i>		c. CITY OR TOWN <i>Lexington</i> 0542	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Died at home</i>		d. STREET ADDRESS <i>145 N 11th St</i>	
Length of stay in lb <i>Life</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>George Robert Mayberry</i>		4. DATE OF DEATH <i>March 31 1958</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 2 1877</i>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Coal Miner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Coal Mining</i>	
11. BIRTHPLACE (City and state or country) <i>Lexington Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Pete Mayberry</i>		14. MOTHER'S MAIDEN NAME <i>Edith Mattern</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>James Mayberry</i>		Address <i>7-23rd St. Lexington Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Natural causes Prof. of Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>This man was found dead in bed. no evidence / violence. Lived alone</i>			
DUE TO (c) <i>evidence / violence. Lived alone</i>			
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.) <i>4201</i>	
20c. TIME OF INJURY Hour <i>9:30</i> Month, Day, Year <i>3-31-58</i> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>his death on 3-31-58</i> and last saw her <i>alive on March 31 1958</i> Death occurred at <i>Home at 7:45 pm 3-31-58</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>M. Mattern Coroner 3</i>		22b. ADDRESS <i>Odesse Mo</i>	
22c. DATE SIGNED <i>3-31-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 2 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Forest Grove</i>		23d. LOCATION (City, town, or county) (State) <i>Lexington Mo.</i>	
24. FUNERAL DIRECTOR <i>George A. Green</i>		25. DATE RECD. BY LOCAL REG. <i>5-14-58</i>	
ADDRESS <i>Madell Mo.</i>		26. REGISTRAR'S SIGNATURE <i>M. E. Eastland</i>	

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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 *Georgette Green* .....

Licensed Embalmer No. *42*

P. O. Address *Marshall*

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