

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035709  
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 53 Primary Registration District No. 3016 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>609 Mason St.</b>	
Length of stay in 1b <b>3 weeks</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Edgar</b> Middle <b>G.</b> Last <b>Mayham</b>			4. DATE OF DEATH Month <b>October</b> Day <b>13</b> Year <b>1958</b>		
---	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 3, 1904</b>	9. AGE (In years, last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
-----------------------	---------------------------------	--	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>2nd Fireman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Power Plant</b>	11. BIRTHPLACE (City and state or country) <b>Allenville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	---	---

13a. FATHER'S NAME <b>Robert Mayham</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Renfro</b>	14. NAME OF HUSBAND OR WIFE <b>Rosetta Mayham</b>
--	---	--

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.	17. INFORMANT <b>Mrs. Rosetta Mayham</b>	Address <b>609 Mason, Cape Gir., Mo.</b>
--	-------------------------	---	---

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>Pernicious Anemia, severe, with degeneration of the spinal cord.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Peritonitis.</b>	<b>2 weeks</b>
	DUE TO (c) <b>Pneumonia.</b>	<b>2 days</b>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1900</b>	

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 <b>a.m.</b> Month, Day, Year	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 <b>Cape Girardeau, Mo.</b>	COUNTY <b>Cape Girardeau</b>	STATE <b>Missouri</b>
--	--	--	--	---------------------------------	--------------------------

21. I attended the deceased from <b>Oct. 12, 1949,</b> to <b>Oct. 13, 1958</b> and last saw her/him alive on <b>Oct. 13, 1958</b> Death occurred at <b>8:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>Edward O Campbell M.D.</b>	22b. ADDRESS <b>Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>10-14-58</b>
---	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <b>L. P. Sparks</b>	ADDRESS <b>Cape Gir., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 18, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Homer Cooper</b>
---	----------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
1-57

0

7

3

0

STATEMENT BY LICENSED EMBALMER

OCT 24 19

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 *Eddie Middleton* .....

Licensed Embalmer No. *5046* .....

P. O. Address .....

*Cape Girardeau, 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.