

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040086

STATE FILE NUMBER

FILED DEC 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5592

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linmont Nursing Hme.		d. STREET ADDRESS (If outside, give location) 5617 Forest	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle HUGH Last MAYBERRY		4. DATE OF DEATH Month Nov. Day 26, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Ray County, Mo.	
13a. FATHER'S NAME Henry Mayberry		14. NAME OF HUSBAND OR WIFE Mary Mayberry-Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Helen Newton, 5617 Forest, K.C., 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) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis			10 yrs
DUE TO (c) Generalized arteriosclerosis			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 _____ a.m. _____ p.m. 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		COUNTY	STATE
21. I attended the deceased from 11-26-58 to 11-26-58 and last saw ^{her} him alive on 11-26-58 Death occurred at 8:42 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lawrence M. Field</i> (Degree or title) D		22b. ADDRESS 4620 J.C. Nichols P. Knoby #515 K.C., Mo.	
22c. DATE SIGNED 11-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-28-58	23c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery	23d. LOCATION (City, town, or county) (State) Cowgill, Missouri
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRAR'S SIGNATURE <i>Walter Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Lawrence M. Field



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 *J. H. Gibson*

Licensed Embalmer No. *4871*
P. O. Address *Indep. 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.