

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040515
STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 139

S. 300
1-57

All diseases in Part I must be causally related. O. S. JOHNSON, M. D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Warrensburg,</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Medical Center, 3 weeks</i>		Length of stay in 1b <i>3 weeks</i>	d. STREET ADDRESS <i>I30 West Culton St.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM RAY MAYES</i>			4. DATE OF DEATH Month Day Year <i>November 27th. 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>November 2, 1886</i>
9. AGE (In years last birthday) <i>72</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>Johnson County, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>William James Mayes,</i>	
13b. MOTHER'S MAIDEN NAME <i>Ann Josephene Lea</i>		14. NAME OF HUSBAND OR WIFE <i>Chloe Miller Mayes,</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Mrs. Mary K. Adams, Kansas City, Missouri</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>Right Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>22 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cardio-Vascular Lesion</i>			<i>5 yrs.</i>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443X</i>			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 <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 <i>Nov 5, 1958</i> , to <i>11-27-1958</i> and last saw ^{him} alive on <i>11-27-58</i> Death occurred at <i>10:27 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Warrensburg, Missouri.</i>	22c. DATE SIGNED <i>11-28-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-29-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill Cemetery,</i>	23d. LOCATION (City, town, or county) (State) <i>Warrensburg, Missouri</i>
24. FUNERAL DIRECTOR <i>R.A. Brauninger, Warrensburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Nov. 28, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>

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 *Me*....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *R.A. Bluminger*.....

Licensed Embalmer No. *3377*.....

P. O. Address *Warrington, Va.*

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.