

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043241
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 578

| | | | |
|---|-----------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | | c. CITY OR TOWN Lexington | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital | | d. STREET ADDRESS (If outside, give location) 302 N. 24th | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Helen Rosalie Mayden | | 4. DATE OF DEATH Month Day Year 12 24 1958 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-3-1920 |
| 9. AGE (In years last birthday) 38 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Newburg, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Alfred Ishmell Dodson | |
| 13b. MOTHER'S MAIDEN NAME Minnie Waggoner | | 14. NAME OF HUSBAND OR WIFE Claude W. Mayden | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. not available | 17. INFORMANT Hospital Records |
| 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>acute emphysema</i> DUE TO (b) <i>Esophagus - pleural fistula</i> DUE TO (c) <i>Disruption of esophagus - gastrostomy</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma, epidermoid - esophagus 150X</i> | | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs 48 hrs 48 hrs |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <u>12-1-58</u> to <u>12-24-58</u> and last saw her alive on <u>12-24-58</u> Death occurred at <u>10:15 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>E. J. Schewe, M.D.</i> | | 22b. ADDRESS <i>State Cancer Hospital</i> | |
| 22c. DATE SIGNED <i>12-24-58</i> | | | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 23b. DATE <i>12-24-58</i> | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) <i>Lexington, Mo</i> | |
| 24. FUNERAL DIRECTOR <i>Howard L Walker</i> | | 25. DATE RECD. BY LOCAL REG. <i>Dec 24 1958</i> | |
| ADDRESS <i>Lexington, Mo</i> | | 26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</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 *Harold L. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Springton, 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.