Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016605
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Laughlin — Length of stay in 1b: 19 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Macon
c. CITY OR TOWN: Callao — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0610 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Preble — Middle — Last Mayhew

4. DATE OF DEATH: Month 5 Day 21 Year 59

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-21-97
9. AGE (In years last birthday): 62 — 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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Callao Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: D.W. Mayhew
13b. MOTHER'S MAIDEN NAME: Annie E Posey
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Deborah Mayhew — Address: Callao Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Renal thrombosis & failure — 21 days
DUE TO (c): Acute pancreatitis 5870 — 24 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pancarditis secondary to uremia
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 3, 1959 to May 21, 1959 and last saw her alive on May 21, 1959
Death occurred at 11:13 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack Hunter D.O.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 6-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-24-59
23c. NAME OF CEMETERY OR CREMATORY: Locust Grove Cem
23d. LOCATION (City, town, or county) (State): Callao Mo.

24. FUNERAL DIRECTOR — ADDRESS: W. G. Edwards, Bevier Mo
25. DATE RECD. BY LOCAL REG.: 6-12-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JACK AUXTER D.O.

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 .....

Licensed Embalmer No. 1961

P. O. Address Bemis 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.