

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018066

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 224

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blue Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Independence San & Hosp		Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) 4 mi No Mize Rd		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Fred Middle Last Mayhan			4. DATE OF DEATH Month May Day 15 Year 1959		
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 27 1879	9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Blue Springs Mo	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME George Mayhan		
13b. MOTHER'S MAIDEN NAME Roan Danniell			14. NAME OF HUSBAND OR WIFE Ellen Mayhan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Ellen Mayhan R.F.D Blue Springs 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) Pulmonary edema				INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) old myocardial disease		DUE TO (c) arteriosclerotic cardiovascular disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION Blue Springs			20f. COUNTY STATE Mo		
21. I attended the deceased from 5/13/59 to 5/15/59 and last saw her/him alive on 5/14/59 Death occurred at 7:30 A.M. 5/15 m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) C. F. Grabake Jr. M.D.		
22b. ADDRESS 10901 Winner Rd., Indep., Mo.			22c. DATE SIGNED 5/15/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burrial		23b. DATE May 18 1959	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Mem		23d. LOCATION (City, town, or county) (State) Blue Springs Mo
24. FUNERAL DIRECTOR Webb Funeral Home		ADDRESS Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 5-18-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William Freer*

Licensed Embalmer No. *4732*

P. O. Address *Blue Springs*

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.