

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000666

FILED VS JAN 18 1960

Registration District No. 01 Primary Registration District No. 5286 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Box Twp.</u>		Length of stay in 1b	c. CITY OR TOWN <u>El Dorado Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>while at work HH Highway.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 5</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Alva</u> Middle <u>John</u> Last <u>Mays</u>			4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-4-1909</u>	9. AGE (last birthday) <u>50</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>		11. BIRTHPLACE (City and state or country) <u>Cedar Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Mays</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ellerman</u>	
14. NAME OF HUSBAND OR WIFE <u>Otha Lorene Mays</u>		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. <u>500-14-4637</u>	
17. INFORMANT <u>Mrs. Lorene Mays, El Dorado Spgs. Mo.</u>		17. INFORMANT Address		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Heart Attack  
DUE TO (b) cleard by coroner M. O. Guerin Coroner  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_  
a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 1:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh S. Allen, Deputy Local Registrar El Dorado Springs Mo  
22b. ADDRESS 1-16-60  
22c. DATE SIGNED  
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
23b. DATE 1-17-1960  
23c. NAME OF CEMETERY OR CREMATORY Love Cemetery  
23d. LOCATION (City, town, or county) (State) Cedar Co., Missouri

24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers, El Dorado Spgs. Mo. 1-16-1960  
25. DATE RECD. BY LOCAL REG. 1-16-1960  
26. REGISTRAR'S SIGNATURE Ruth M. Craper  
per Hugh S. Allen Deputy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 7 1961

STATEMENT BY LICENSED EMBALMER APR 4 1960

JAN 21

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Floyd E. Caution*

Licensed Embalmer No. 4419

P. O. Address Edwards

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.