JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007235

FILED VS MAR 2 1960 VOO

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 43

NDED

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Hudson — Length of stay in 1b 1½ yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lake View R. Home — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First Louis Middle A Last Mayer

4. DATE OF DEATH Month Feb. Day 23. Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Unknown
9. AGE (last birthday) app. 75 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY No.
11. BIRTHPLACE (City and State or country) Macon County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Mayer
13b. MOTHER'S MAIDEN NAME Kitty Rowland
14. NAME OF HUSBAND OR WIFE No.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT Billy Binder, Address Macon, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 8:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester Hutton Coroner
22b. ADDRESS Macon Mo.
22c. DATE SIGNED 2/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/25/1960
23c. NAME OF CEMETERY OR CREMATORY Bethleham Cem
23d. LOCATION (City, town, or county) (State) Macon Cty. Mo.

24. FUNERAL DIRECTOR ADDRESS Lester Hutton Macon Mo.
25. DATE RECD. BY LOCAL REG. 2/26/60
26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. Charle

P. O. Address 4577
Macon, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.