

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-018620**

FILED VS JUN 6 1960

53 Registry Registration District No. 3010 Registrar's No. 198

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cape</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>4</b> wks.	c. CITY OR TOWN <b>Bloomfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Missouri Hosp.</b>		Inside Limits No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Bloomfield</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last **JAMES P. MAYO** 4. DATE OF DEATH Month Day Year **May 8, 1960**

5. SEX <b>Male</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 17-84</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mercantile bus.</b>	11. BIRTHPLACE (City and state or country) <b>Vincennes, Ind.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Phillip Mayo</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Collins</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie Mayo</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>500-18-2300</b>	17. INFORMANT Address <b>Mrs. Hattie Mayo, Bloomfield, Mo.</b>
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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 Embolus** INTERVAL BETWEEN ONSET AND DEATH **5 min**

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 (not related to the terminal disease condition given in PART I (a)) **Ca of Stomach**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **April 15, 1960** to **May 7, 1960** and last saw her alive on **May 7, 1960**  
Death occurred at **5:25 a. m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Clayton J. ...</b>	22b. ADDRESS <b>Cape Girardeau Mo</b>	22c. DATE SIGNED <b>5/16/60</b>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>	23b. NAME OF CEMETERY OR CREMATORY <b>Walker cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo. Rural</b>
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24. FUNERAL DIRECTOR ADDRESS <b>CHILES UND. CO., BLOOMFIELD, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-31-1960</b>	26. REGISTRAR'S SIGNATURE <b>Jimm Kasten</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

& by Lulu Cooper #3499 Student Embalmer No. ~~4119~~

~~was not under my personal supervision.~~

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, N

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.