

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032044  
STATE FILE NUMBER

AMENDED

Registered District No. 43 Primary Registration District No. 307 Registrar's No. 314

FILED SEP 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BUTLER</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>ARKANSAS</b> b. COUNTY <b>RANDOLPH</b>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>POPLAR BLUFF</b>  |   | Length of stay in 1b<br><b>152 DAYS</b>   | c. CITY OR TOWN <b>POCAHONTAS</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>105 ROBERTS STREET</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>PAUL</b> Last <b>MAYES</b>   |   |   | 4. DATE OF DEATH<br>Month <b>SEPTEMBER</b> Day <b>14</b> Year <b>1961</b>   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-3-96</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>AGRICULTURE</b>   | 9. AGE (last birthday)<br><b>64</b> IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><b>BONIPHAN, MISSOURI</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>PERRY MAYES</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARY DAVIS</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>VIVA MAYES</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES</b>  |   | 17. INFORMANT Address<br><b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>PNEUMONIA.</b><br>DUE TO (b) <b>MALNUTRITION &amp; DEHYDRATION.</b><br>DUE TO (c) <b>CEREBRAL ARTERIOSCLEROSIS.</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year   | 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  |
| 21. I attended the deceased from <b>April 15, 1961</b> to <b>Sept. 14, 1961</b><br>Death occurred at <b>11:48 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><b>Dr. Paul R. Meek</b> Pathologist   |   |
| 22b. ADDRESS<br><b>VA Hospital, Poplar Bluff, Mo.</b>   |   | 22c. DATE SIGNED<br><b>9/14/61</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>9-17-1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Siloam Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Randolph County, Arkansas</b>   |
| 24. FUNERAL DIRECTOR<br><b>M.C. McNabb</b>  | ADDRESS<br><b>Pocahontas, Ark.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>9/22/1961</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Thelma Graham</b>   |

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**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 M. C. McHabb

Licensed Embalmer No. 680 (Ark.)  
P. O. Address Jacobsen, Ark.

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.

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