

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-005395

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 40

FILED FEB 23 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Audrain			a. STATE Missouri b. COUNTY Audrain		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Yrs	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 200 Central		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LeRoy Middle Mayhew Last Mayhew			4. DATE OF DEATH Month February Day 11 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-19-91	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 70 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and state or country) Danville, Illinois		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Return Mayhew		13b. MOTHER'S MAIDEN NAME Jemima Ervin		14. NAME OF HUSBAND OR WIFE Anna Mayhew	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. WW #1		17. INFORMANT Address Mrs. Anna Mayhew, Mexico, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Cardiac Decompensation					24 hrs
DUE TO (b) Surgery for Intestinal Obstruction					48 hrs
DUE TO (c) Chronic Cardiac Decompensation					8 Mos.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)			
20c. TIME OF INJURY Hour 2-9-62 Month, Day, Year 2-11-62 s.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
21. I attended the deceased from 2-9-62 to 2-11-62 and last saw him alive on 2-11-62		Death occurred at 12:10.P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE CL Garcia MD (Degree or title)			22b. ADDRESS Mexico, Mo		22c. DATE SIGNED 2-15-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-13-62	23c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery		23d. LOCATION (City, town, or county) (State) Callaway County, Mo	
24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Feb 15 1962		26. REGISTRAR'S SIGNATURE Blanche Neely	

Permis obtained
B.N.

Permis issued

FEB 23 1962

FEB 27 1962

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 Richard T. McDonald

Licensed Embalmer No. 4825

P. O. Address Mexico Mo.

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.