

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035492

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 75 Primary Registration District No. 3012 Registrar's No. 88

FILED SEP 27 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON.		Length of stay in '1b 15 Yrs.	c. CITY OR TOWN CAMERON.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMERON, HOSPT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 116 W.6th, St.
3. NAME OF DECEASED (Type or print) GEORGE ORVILLE MAYES.		First Middle Last	4. DATE OF DEATH Month Day Year SEPT. 18, 1963
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 JULY 26 1908.
9. AGE (last birthday) 55 Yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CALDWELL, CO. MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE W. MAYES	
13b. MOTHER'S MAIDEN NAME ARTIE M. GASTINEN		14. NAME OF HUSBAND OR WIFE GOLDIE V. MAYES.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO)		16. SOCIAL SECURITY NO.	
17. INFORMANT L. Mrs Goldie V. Mayes Cameron		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) Acute congestive failure			INTERVAL BETWEEN ONSET AND DEATH 24 hours
DUE TO (b) Pulmonary insufficiency			12 months
DUE TO (c) Cirrhosis of the liver			3 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac asthma, acute uremic state			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 Month, Day, Year 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 8/10/63 to 9/18/63 and last saw ^{him} alive on 9/18/63 Death occurred at 7.45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fred L. Nevius, D.O.		22b. ADDRESS 17th & Walnut, Cameron, Mo.	22c. DATE SIGNED 9/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9.20.1963	23c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery.	23d. LOCATION (City, town, or county) (State) Kingston, Mo.
24. FUNERAL DIRECTOR DeMoss Crunk, Cameron, Mo.		25. DATE RECD. BY LOCAL REG. 9-20-63	26. REGISTRAR'S SIGNATURE <i>Francis Crawford</i>

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1963

SEP 27 1963

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,

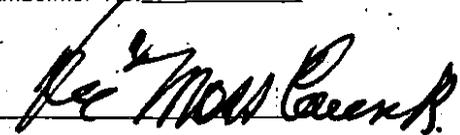
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed DeMoss Crunk



Licensed Embalmer No. 2533

P. O. Address Cameron, 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.