MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH							
DO NOT WRITE	Registration District No				NUMBER		
ON THIS STUB					PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution:	· Residence before	
VS 300 Rev. 4/59	9			_	a. COUNTY Henry	admission)	
Rev. 4/ 37	DATE AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  TOWN  Windsor  Length of stay in 1b  OR  OR  TOWN  Windsor,	Inside Limits Yes♣ No □	
10421	TE A				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital  Yes X No   O   O   O   O   O   O   O   O   O	Reside on Farm	
2/421	<u>م</u>	₩.		=		Yes No 🗓	
3					3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) ELIZABETH BELL MAYHEW DEATH December 13		
5 📆					5. SEX F  6. COLOR OR RACE 7. Married   Never Married   8. DATE OF BIRTH   9. AGE (last birthday)   IF UNDER 1 YEA	AR IF UNDER 24 HR Hours Min.	
	S/				during most of working life, even if retired) Shoe factomy Windson Wo II S	F WHAT COUNTRY	
7 0	FOLLOWS			۲	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIF	FE	
R ~/				-	Bruce Bell Lillie Bell King Arthur Mayhew  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
02014	E AS			,	(es, no or unknown) (If yes, give war or dates of service) 486-07-0533 Robert Maxwell, Windsor,		
10	O ARE		FAT		PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN ONSET AND DEATH	
11	RECORD EAD OF		DOCHMENT				
12 (2) /1	HIS REC	į	=	Š .	which gave rise to	9 days	
13 1-0	<u> </u>		-		above cause (a), stating the underlying cause last. DUE TO (c) Hypertensive vascular disease	9 days	
	S .			ION NO		sancy in last 90 days.	
	ž			5		No Unknown	
BLACK INK OR RITER RIBBON	AMENDMENTS			CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART PERFORMED? USB NO 25	il of item 18.)	
	AME			MEDICAL	20c. TIME OF Hour Month, Day, Year , INJURY a.m.		
				¥	p.m.  20d. INJURY OCCURRED WHIIF AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while AT WORK   10 farm, factory, street, office bldg., etc.)	STATE	
2 × ×	9				NOT WHILE AT WORK	· · · · ·	
BLA O RITE	) READ				21. I attended the deceased from 12-13-61 , to 12-13-61 and last saw her him alive on 12-13-6.  Death occurred at 3:20 p		
USE	SHOULD			.	22a. SIGNATURE (Degree of title) 22b. ADDRESS	22c. DATE SIGNED	
USE BLACK OR TYPEWRITER F	돐		11/2		M. D. 103 W. Colt St. Windsor, Mo.	12-18-64	
	NO.	$\Box$	AFFIDAVIT	2	Burial Dec. 15, '64 Laurel Oak Cemetery Windsor, Mo.	(State)	
	EM		4	-2	FUNERAL DIRECTOR ADDRESS 25-DATE RECD. BY LOCAL REG. 26. REGISTRAP'S SIGNATURE	<del></del>	
	111		2		Huston Funeral Home, Windsor, Mo, Nec. 2, 1964 Muldred	Ligum	
'	'			=	(Licensed Embalmer's Statement on Reverse Side)	0	

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

have a second or comment on the comment of these second comments and the other comments of

VIAt.

were a surface to the ce lactory laterage see

THE TRANSPORT OF THE RESERVE OF THE

Contract of the Englander

STATEMENT BY LICENSED EMBALMER

thereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	EMD )/
StudentSignature of Student Embalmer	Signed Clerk , furlaw
	Licensed Embalmer No. 339/
, sa	P. O. Address Winden 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.

· Areta or and resource to the