MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE STATE FILE NUMBER Primary Registration District No. 3023 Registrar's No. Registration District No. DO NOT WRITE **AMENDED** ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY admission) VS 300 AMENDED Henry Henry Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits Length of stay in 1b OR Yes ☐ No 🚻 TOWN TOWN Montrose Clinton c. FULL NAME OF (If NOT in hospital, give location) d. STREET Reside on Farm Inside Limits (If cutside, give location) DATE HOSPITAL OR **ADDRESS** Yes Mo ∏ INSTITUTION Clinton General Hosp. Yes 🕅 No 🗆 RFD. 3. NAME OF DECEASED First DATE Day Year Middle Last (Type or print) DEATH John н. Mayes Dec. 18. 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE Never Married | 8. DATE OF BIRTH 5. SEX 7. Married □ Widowed 7 Divorced [] 5/4/1875 Male White 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) M_O Retired Farmer Henry Co... 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME George W. Mayes Mary Elizabeth Davis 16. SOCIAL SECURITY NO. 17. INFORMANT RFD. #1, Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 486 24 1396 9480x George Mayes. Montrose. Mo. AR 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH OCUMEN. 10 IMMEDIATE CAUSE (a) 5 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Yes ☐ No □ Unknown SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES NO D SAL 20c, TIME OF Hour Month, Day, Year RIBBON INJURY a.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK *IYPEWRITER* READ 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at. (Degree or title) 22c. DATE SIGNED 22anSIGNATURE Ö

23c. NAME OF CEMETERY

ADDRESS

Vansant Funeral Home, Clinton.

LaDue Cemetery

23a. BURIAL, CREMATION.

Burial

24. FUNERAL DIRECTOR

REMOVAL (Specify)

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(Licensed Embalmer's Statement on Reverse Side)

LaDue. Mo.

DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

1 h	ereby certify that the body w	hose name is rec	orded on the rev	erse side of this certifica	te was embalmed by me,
or by	Lee U	iard		, Student Emb	palmer No. 822
working u	nder my personal supervision.			\	. · ·
Student	Tee Strard Signature of Student Embalr	ner	Signed	It. A. Van	sout
		`	4	Licensed Embalme	er No. 3779
			•	P. O. Address	Chinton, 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.