

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15644
1340

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>			1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 North 2nd St</u>			d. STREET ADDRESS (If rural, give location) <u>1406 N 2nd St</u>			2	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) _____		c. (Last) <u>Mayer</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>16</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-17-1872</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 1 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>St N Mayer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or none) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		INFORMANT'S SIGNATURE OR NAME <u>Mrs John Subman</u>		ADDRESS <u>Clinton</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA - COLON</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 MO.</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>SEPT.</u> , 19 <u>48</u> , to <u>MAY</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>16 MAY</u> , 19 <u>49</u> , and that death occurred at <u>7:15 A M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>High B. Walker MD</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>17 May 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>		24d. LOCATION (City, town, or county) <u>Clinton</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-17-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Subman & Summing</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-49-578

Date Filed 5-22-49

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

R. L. Dunning

Student Embalmer No. 3682

working under my personal supervision.

Student
Student Embalmer

Signed

J. P. Hawley

Licensed Embalmer No. 3682

P. O. Address Calhoun, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.