

124

STATE FILE NUMBER

72 209215

CERTIFICATE OF DEATH

FILED NOV 2 1972

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. LESLIE		C.	MAYES, JR.	MALE	OCTOBER 19, 1972		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. WHITE		5b. 60	5b.	5c.	6. AUGUST 10, 1912		7a.
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. ST. LOUIS		7c. YES		7d. VA HOSPITAL (JC) ST. LOUIS, MISSOURI			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. MISSOURI		9. USA		10. MARRIED		11. BERNICE NOLTKEMPER	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 541 12 1418		13a. PAINTER		13b. DECORATOR			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. MISSOURI		14b. ST. FRANCOIS	14c. FARMINGTON		14d. YES		14e. 205 W. LIBERTY
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. LESLIE		C.	MAYES, SR.	MARY	BELLE BROOKS		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. BERNICE MAYES		17b. 205 W. LIBERTY, FRAMINGTON, MO. 63640					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) EXSANGUINATION		DUE TO, OR AS A CONSEQUENCE OF:					
(b) UPPER GASTRO-INTESTINAL BLEEDING - POSSIBLE ULCER		DUE TO, OR AS A CONSEQUENCE OF:					
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
CHRONIC LUNG DISEASE		19a. YES					19b. YES
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20a.		20b.	20c.		20d. YES NO UNKNOWN		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. ATTENDED THE DECEASED FROM OCT. 17, 1972 TO OCT. 19, 1972		21b.	21c.	21d.	21e.	21f.	21g.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. JOHN D. HALVERSON, M. D.		23b.		23c. M. D.		23d. OCT. 19, 1972	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a.		23b.		23c.		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Removal		24b. Parkview Cemetery		24c. Farmington, Mo.		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		24d.	
24a. 10-22-72		24b. Miller Funeral Home, Farmington, Missouri.		24c. 63640		24d.	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		24d.	
25a. Lawrence S. Meyer		25b. Helen L. Bruce, M.D.		25c. OCT 20 1972		25d.	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

NOV 14 1972
8 1972

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

James D. Embley

Licensed Embalmer No.

3653

P. O. Address

1124 S. 1st St.

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.