No. 300
10.48

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

2094

State File No.

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 4

**1. PLACE OF DEATH**
a. COUNTY: Polk Mooney Township
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red Top
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Miles S.W. of Red Top

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Mooney Township) 0640
d. STREET ADDRESS (If rural, give location): Red Top 3 miles S.W.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle): Lee
c. (Last): Mayfield

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 6. 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 11, 1863
**9. AGE** (In years last birthday): 86 — If under 1 year: Months 5 Days 26 — If under 24 hrs.: Hours Min.
**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** (State or foreign country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Henry Logan Mayfield
**13b. MOTHER'S MAIDEN NAME**: Lucinda Tise
**14. NAME OF HUSBAND OR WIFE**: Nancy Jane Mayfield
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Oliver Mayfield — **ADDRESS**: Red Top, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis, Senility — ETC
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: None
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased* ~~from~~ *on* Jan 3, 1950, *to* _____, 19____, *that I last saw the deceased alive on* Jan 3, 1950, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): G. L. Plummer
**23b. ADDRESS**: Buffalo Mo.
**23c. DATE SIGNED**: 1-14-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan. 8, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Rock Prairie Cemetery
**24d. LOCATION** (City, town, or county) (State): Red Top, Missouri

DATE REC'D BY LOCAL REG.: Jan 19, 1950
REGISTRAR'S SIGNATURE: Ralph Gardenyer
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**28. FUNERAL DIRECTOR'S SIGNATURE**: Richard B. Eaton
**ADDRESS**: Pleasant Hope Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 12-49-2
Date Filed 1-30-50

## 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 .....
Student Embalmer

Signed Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, Mo.

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

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