

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9456**
Registrar's No. **16**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>	
c. LENGTH OF STAY (If in place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>525 East Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>WILLIAM</u>	
c. (Last) <u>MAYFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6, 1865</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Mayfield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Roxie Hamilton</u>	
14. NAME OF HUSBAND OR WIFE <u>Emily V. Bates Mayfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George Stone, Richmond, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Azotemia</u> DUE TO (c) <u>Cachexia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus pneumonitis sequela</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 wk +</u> <u>1 wk</u> <u>491x</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) _____		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) (Min.) _____		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>March 9, 1950</u> , to <u>March 18, 1950</u> , that I last saw the deceased alive on <u>March 18, 1950</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H.C. Johnson M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>3/20/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 18, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lavelock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hardin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 23 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>	

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

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RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-14-50

MAR 23 1961

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, W. L. Thurman

working under my personal supervision.

Student Embalmer No.....

Signed William L. Thurman

Signed.....
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.