

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22423

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
c. LENGTH OF STAY (in this place) 6 yrs.		0971	
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 E. Parker		d. STREET ADDRESS (If rural, give location) 117 E. Parker	

3. NAME OF DECEASED (Type or Print)	a. (First) FREEMAN	b. (Middle) HENRY	c. (Last) MAYFIELD	4. DATE OF DEATH (Month) (Day) (Year) June 26, 1950
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <input checked="" type="radio"/>	8. DATE OF BIRTH Oct. 23, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Saline Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Mayfield	13b. MOTHER'S MAIDEN NAME Fannie Burnside	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs John Akeman	ADDRESS Slater, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterial sclerosis</i>		
	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.		H-500	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1950, to June 26, 1950 that I last saw the deceased alive on June 9, 1950 and that death occurred at 7:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Shannon</i>	(Degree or title) 0	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 6/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="radio"/>	24b. DATE June 28, 1950	24c. NAME OF CEMETERY OR CREMATORY Harmony Cem.	24d. LOCATION (City, town, or county) (State) Saline Co. Missouri
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DATE REC'D BY LOCAL REG. 6/27/50	REGISTRAR'S SIGNATURE <i>Mo. Earl C. Metzger</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harry Hershberger</i>	ADDRESS Marshall, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0971

RECEIVED

DISTRICT HEALTH OFFICE No. _____

District File Number _____

Date Filed 7-7-28

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.