

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35112
State File No.8901
Registrar's No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION
Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Barry

c. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Monett0051

d. STREET ADDRESS

(If rural, give location)

1

3. NAME OF DECEASED

a. (First)

Burness

b. (Middle)

C.

c. (Last)

Mayfield

4. DATE OF DEATH (Month) (Day) (Year)

Oct. 19, 1950

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 17, 1909

9. AGE (In years last birthday)

41

if UNDER 1 YEAR

Months

if UNDER 12 HRS.

Days

if UNDER 1 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Const.

11. BIRTHPLACE (State or foreign country)

Monett, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

James A. Mayfield

13b. MOTHER'S MAIDEN NAME

Cora Lester

14. NAME OF HUSBAND OR WIFE

Mildred Mayfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

not known

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mildred Mayfield, Monett, Missouri

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

MEDICAL CERTIFICATION

Electrocution suffered about 4:25pmOct 19, 1950. when overhead electriclines were blown downfollowing dynamite blast todemolished bridge betweenAutonio and Lambert Mo.Jefferson County

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Accident050

20. AUTOPSY?

YES NO

21a. ACCIDENT (Specify)

suicide
homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

Jefferson Cnty Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

Oct 19 5 42521e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

8914322. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Patrick E. Taylor, Coroner

23b. ADDRESS

1300. Clark

23c. DATE SIGNED

10-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

removal

24b. DATE

10-20-50

24c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Cem.

24d. LOCATION (City, town, or county) (State)

Monett, Missouri

DATE REC'D BY LOCAL REG.

OCT 20 1950

REGISTRAR'S SIGNATURE

J. B. Sasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Albert H. Hoppe4700 Washington

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 _____

working under my personal supervision.

Student Embalmer No.

Signed... *E. Howard Demelina*

Signed.....
Student Embalmer

Licensed Embalmer No. *4283*

P. O. Address. *St. Louis, Mo.*

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.