No. 300
10.48

644
0

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

FILED JUN 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17241

BIRTH NO. 30 4 5-8 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 1 DAY.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City 0690
d. STREET ADDRESS (If rural, give location): 526 S. Locust. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Edward.
b. (Middle): Joseph
c. (Last): Mayfield

4. DATE OF DEATH (Month) (Day) (Year): May 25. 1952

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: May 24. 1953
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hannibal. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ivan Mayfield.
13b. MOTHER'S MAIDEN NAME: Dorthy Holliday.
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Ira Mayfield — **ADDRESS**: Monroe City 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): Congenital Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7544
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* May 24, 1953, *to* May 25, 1952, *that I last saw the deceased alive on* May 23, 1952, *and that death occurred at* 9:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: May 26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-1952
24c. NAME OF CEMETERY OR CREMATORY: St Judes Cemetery
24d. LOCATION (City, town, or county) (State): Monroe City, Mo.

DATE REC'D BY LOCAL REG.: 6/6/52
REGISTRAR'S SIGNATURE: H C Fisher — W E McLuckie Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson & Son's — **ADDRESS**: Monroe City Mo

189-1 (Licensed Embalmer's Statement on Reverse Side) 90

0
0

RECEIVED JUN 10 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 11 1952

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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3017

P. O. Address Monroe City 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.