

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2806

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY OR TOWN <i>Farmington Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pateau</i>	
c. LENGTH OF STAY (In this place) <i>4 1/2 yrs.</i>		1103	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 4</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	

3. NAME OF DECEASED (Type or Print) <i>Viola Mayfield</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 10 1953</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan 2 1897</i>		
9. AGE (In years last birthday) <i>56</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWORK</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Greenville Mo.</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Sergeant Mayfield</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah C. Watson</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Maynard Mayfield St Louis Mo</i>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION & Hosp. No. 4.		18. INTRINSIC BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Peritonitis</i>		<i>4 das.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Mesentery Thrombosis</i> DUE TO (c) <i>576X</i>		<i>7-10 das.</i>
II. OTHER SIGNIFICANT CONDITIONS <i>Psychosis with cerebral arteriosclerosis.</i>			

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Dec. 3, 1952*, to *Jan. 10, 1953*, that I last saw the deceased alive on *Jan. 10, 1953*, and that death occurred at *6:45 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. P. Brennan M.D.</i>	23b. ADDRESS <i>State Hospital No. 4, Farmington, Mo.</i>	23c. DATE SIGNED <i>1-10-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-11-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hills Cem. Washington Co. Mo.</i>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <i>Jan 10, 1953</i>	REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Sparke</i>	ADDRESS <i>Pateau Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

940  
2

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

*Murphy Sparks*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4236  
Flat 100*

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.