

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31077

State File No. ....

FILED OCT 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1050</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>37 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>228 Clayton St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>228 Clayton St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSS</u> b. (Middle) <u>WILBUR</u> c. (Last) <u>MAYFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 25 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Never married</u>		8. DATE OF BIRTH <u>7-27-1896</u>	
9. AGE (In years less than birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Peerless Sales</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Mayfield</u>		13b. MOTHER'S MAIDEN NAME <u>Addie E. Carson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-14-4220</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Mayfield</u> City ADDRESS <u>2335 So. 11th</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>  ANTECEDENT CAUSES <u>Urinary retention; Transurethral resec. of prostate</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Hypertrophy of Prostate &amp; Bladder Atony</u> Conditions contributing to the death but not related to the disease or condition causing death.  Interval between onset and death <u>sudden</u>  <u>2 mos.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>9-12-53</u> <u>9-19-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Transurethral resection of prostate</u> <u>Hypertrophy of Prostate &amp; Bladder</u>				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)		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>8/29/53</u> , to <u>9/25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/23</u> , 19 <u>53</u> , and that death occurred at <u>1:54</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas W. Allison MD</u>				23b. ADDRESS <u>Tootle Building, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>			

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

**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

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

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

*John T. [Signature]*  
3986  
St. Joseph, 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.