

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4526

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY GREENE
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD c. LENGTH OF STAY (in this place) 9 months
c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 West Pacific
f. STREET ADDRESS (If rural, give location) 1110 West Pacific 0 396

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) CYRUS c. (Last) MAYFIELD
4. DATE OF DEATH (Month) (Day) (Year) Feb 24, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH January 9, 1890 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 1 IF UNDER 1 YEAR Days 15 IF UNDER 24 HRS. Hours 15 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith 10b. KIND OF BUSINESS OR INDUSTRY Blacksmith 11. BIRTHPLACE (City and State or Foreign Country) Seymour, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. H. Mayfield 13b. MOTHER'S MAIDEN NAME Frances Yount 14. NAME OF HUSBAND OR WIFE Eula Mabel Mayfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 16. SOCIAL SECURITY NO. 447-1206941 17. INFORMANT'S SIGNATURE OR NAME Eula W. Mayfield ADDRESS 1110 W. Pacific, City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 7 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 _____ 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) 002X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 June 1954, to Feb 24, 1955, that I last saw the deceased live on Feb 8, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas O. Coffey M.D. (Degree or title) 23b. ADDRESS Springfield, Missouri 23c. DATE SIGNED 2-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/26/55 24c. NAME OF CEMETERY OR CREMATORY Slagle Cemetery 24d. LOCATION (City, town, or county) (State) S. of Bolivar, Missouri

DATE REC'D BY LOCAL REG. 2-26-55 REGISTRAR'S SIGNATURE Ernest Williamson FUNERAL DIRECTOR'S SIGNATURE Willard D. Erwin Pleasant Hope Mo ADDRESS _____

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

RECEIVED
FEB 2 1955

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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.....
Signature of Student Embalmer

Signature *Willard B. Erwin*.....

Licensed Embalmer No. *3092*

P. O. Address *Calver,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.