

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 569

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>20 yrs.</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		STREET ADDRESS (If rural, give location) <b>2335 So. 11th St.</b> <span style="float: right;">01170</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>	b. (Middle)	c. (Last) <b>MAYFIELD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 1, 1955</b>
--	-------------	---------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 20, 1900</b>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>54</b>
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Artesian Ice</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bethany, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>Joseph Mayfield</b>	13b. MOTHER'S MAIDEN NAME <b>Addie E. Carson</b>	14. NAME OF HUSBAND OR WIFE <b>Alta Mayfield</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-05-0907</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alta Mayfield, 2335 So. 11th St. St. Joseph, Mo.</b>
--	--	---

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		INTERVAL BETWEEN ONSET AND DEATH  <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease with myocardial insufficiency</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aortic Aneurysm</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		
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 <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 5/19, 1955, to 6/1, 1955 that I last saw the deceased alive on 6/1, 1955, and that death occurred at 3:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <b>Dr. Redwood M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>6/6/55</b>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-3-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bethany, Missouri</b>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <b>June 9, 1955</b>	REGISTRAR'S SIGNATURE <b>Catherine M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Rupp</b>	ADDRESS <b>St. Joseph, Mo.</b>
--	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1955

JUN 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or~~ by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Allan C. Bryan*.....

Licensed Embalmer No. 479

P. O. Address *St. Joseph*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.