

FILED JUN 13 1955

STANDARD CERTIFICATE OF DEATH

14881

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>722 Oak St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 Oak St.</u>			

3. NAME OF DECEASED a. (First) <u>Hattie</u> b. (Middle) <u>Hartle</u> c. (Last) <u>Mayfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1955</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 10, 1884</u>		9. AGE (In years last birthday) <u>70</u>		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) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kurreville, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
---	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Peter Hartle</u>		13b. MOTHER'S MAIDEN NAME <u>Leanna Harp</u>		14. NAME OF HUSBAND OR WIFE <u>T.M. Mayfield</u>			
--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>T.M. Mayfield</u> ADDRESS <u>Jackson, Mo.</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						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>170X</u>							
		DUE TO (c) <u>metastasized to lungs and brain</u>							
		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 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) _____				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 Feb 1, 1923, to June 2, 1955, that I last saw the deceased alive on Jan 9, 1923, and that death occurred at 8:12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. S. Seabright M.D.</u>		23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>6-4-55</u>	
--	--	---------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Jackson Mo.</u>	
---	--	-------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>6-4-55</u>		REGISTRAR'S SIGNATURE <u>H. S. Seabright</u> 518-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson, Mo.</u>			
--	--	--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1955

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 *Lynna Steele*.....

Licensed Embalmer No. *2476*

P. O. Address *Jackson 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.