

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

FILED JUL 5 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20807

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Illmo</u>		c. CITY OR TOWN <u>Illmo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		STREET ADDRESS (If rural, give location) <u>7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>MAYFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 17, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>APR 16, 1882</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alto Pass, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jesse Mayfield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Caravan</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Roberts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-05-1811</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Mayfield</u>		ADDRESS <u>Illmo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina Pectoris</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Intestinal Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dropsy Symptoms Edema</u>			INTERVAL BETWEEN ONSET AND DEATH* <u>592X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 June 4A, 1955, to June 17, 1955, that I last saw the deceased alive on 17th, 1955, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. T. Davis</u>		23b. ADDRESS <u>Illmo mo</u>		23c. DATE SIGNED <u>6/19/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>June 20-55</u>		REGISTRAR'S SIGNATURE <u>Moorel Baglinghoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baglinghoff Funeral Home</u>		ADDRESS <u>Illmo, Mo</u>	
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DATE RECEIVED 5/

SCOTT CO. HEALTH

CO. FILE No. 965

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

Signed Oliver C. Ammit.....

Licensed Embalmer No. 44.....

P. O. Address Illus.....

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.