

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35739

State File No. \_\_\_\_\_

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>VERNON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEVADA</b>		c. CITY OR TOWN <b>NEVADA</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>HOME #503 So. Spring St</b>		e. STREET ADDRESS (If rural, give location) <b>503 S. SPRING ST</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JULIA</b>	b. (Middle) <b>E</b>	c. (Last) <b>MAYFIELD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 4 1955</b>
5. SEX <b>FEM</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 4 1877</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ALABAMA</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>LEE HOLMAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY BARRETT</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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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>NID</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS BESS WATKINS</b> ADDRESS <b>NEVADA MO</b>
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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 <b>10 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Ventricular fibrillation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic degenerative C.P.R. Heart</b>		
DUE TO (c)		DUE TO (c) <b>442X</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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 16, 1954**, to **Nov 4, 1955**, that I last saw the deceased alive on **Nov 4, 1955** and that death occurred at **5:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Nebraska MO</b>	23c. DATE SIGNED <b>Nov 6 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-8-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VIRGIL CITY</b>	24d. LOCATION (City, town, or county) (State) <b>VERNON CO MO</b>
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DATE REC'D BY LOCAL REG. <b>11-9-1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>451 N. Maple Street Home Et. Dorado Spgs. MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Signed *Hugh S. Allen*

Licensed Embalmer No. *284*

P. O. Address *Edorado St*

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.