

FILED JAN 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2311

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 5-	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) ST. James		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN St. James		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 Soldiers Home Hosp.				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) Laura		b. (Middle) Mary		c. (Last) Mayfield	
4. DATE OF DEATH		(Month) Jan.		(Day) 25		(Year) 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 27, 1877	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Days 28		Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Osh. Silence		13b. MOTHER'S MAIDEN NAME Mary Ross		14. NAME OF HUSBAND OR WIFE John C. Mayfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John C. Mayfield - St. James Mo.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease		INTERVAL BETWEEN ONSET AND DEATH _____		Anteriosclerosis Indefinite	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X					
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) _____ m. _____		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 Jan 14, 1956, to Jan 25, 1956, that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 10:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Grosskreutz M.D.		23b. ADDRESS St. James, MO		23c. DATE SIGNED Jan 26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 27-56		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) St. James, MO. (State) _____	
DATE REC'D BY LOCAL REG. 1-26-1956		REGISTRAR'S SIGNATURE Ruth D. Powell		25. FUNERAL DIRECTOR'S SIGNATURE Orop E. Lieblow		ADDRESS St. James, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

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 JML, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orville E. Lickich

Licensed Embalmer No. 3541

P. O. Address St James

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.