

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15384

State File No.

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4541 Registrar's No. 13

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Webster</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | |
| b. CITY OR TOWN <u>FORDLAND</u> | | c. CITY OR TOWN <u>FORDLAND</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | e. STREET ADDRESS (If rural, give location) <u>1120</u> | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>MARY</u> | b. (Middle) <u>JANE</u> | c. (Last) <u>MAYFIELD</u> | (Month) <u>5</u> | (Day) <u>5</u> | (Year) <u>1956</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>MARCH 27, 1869</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER COUNTY MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|--|
| 13a. FATHER'S NAME <u>CHARLES DAVIS</u> | 13b. MOTHER'S MAIDEN NAME <u>Telitha ANN DAVIS</u> | 14. NAME OF HUSBAND OR WIFE _____ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>RE Kelley</u> ADDRESS <u>Springfield Missouri</u> |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Punctured Wind pipe</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gun shot wound in throat</u> DUE TO (c) <u>Self inflicted</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 checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fordland Webster Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-5 1956 a.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 a.m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE (Degree or title) <u>K. K. Kelley coroner</u> | 23b. ADDRESS <u>Fordland Mo.</u> | 23c. DATE SIGNED <u>5-5-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUIAL</u> | 24b. DATE <u>5/7/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Seymour Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Seymour Missouri</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynn Ferrell</u> ADDRESS <u>Fordland Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-11-56</u> | REGISTRAR'S SIGNATURE <u>Opal M. Good</u> | |

(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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *K. K. Kelley*.....

Licensed Embalmer No. *333*

P. O. Address *Fordland*

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.