

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21308

State File No.

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before death a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Rural Wardell</u>	c. LENGTH OF STAY (in this place) <u>17 hrs</u>	c. CITY OR TOWN <u>Wardell</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 1</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Mayfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1956</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>10-21-1896</u>	9. AGE (in years last birthday) <u>59</u>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 3 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McNairy County Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Thomas Mayfield</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Chambers</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Mayfield</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes # I</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Mayfield R.R. #1 Wardell Mo</u> ADDRESS

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No Medical Attention</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By all record death was</u> DUE TO (c) <u>due to acute myocarditis</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"/>
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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) <u>431X</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Hedges</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>5-1-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rainey Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Gooden Tennessee</u>

DATE REC'D BY LOCAL REG. <u>6-11-56</u>	REGISTRAR'S SIGNATURE <u>Elmer DeLisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osborn Funeral Home</u> ADDRESS <u>Wardell, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUN 18 1956
NEW MADRID CO. HEALTH CENTER
P. J. S.

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.....
James J. Deburn

Licensed Embalmer No. 41

P. O. Address Waldell,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.