

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40822**

FILED DEC 17 1956

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>CAPE GIRARDEAU</u> )		c. LENGTH OF STAY (in this place) <u>73yrs</u>		c. CITY OR TOWN <u>Morley Mo.</u>		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 <u>St Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Morley Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luta</u>		b. (Middle) <u>B</u>		c. (Last) <u>Mayfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 12, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May, 14, 1883</u>	
9. AGE (In years last birthday) <u>73yrs</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 48 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morley Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas L Bynum</u>		13b. MOTHER'S MAIDEN NAME <u>Elmira Goza</u>		14. NAME OF HUSBAND OR WIFE <u>M D Mayfield Deac.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Amy Mayes Cape Girardeau 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Infective Epythemia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary artery heart disease.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>  <u>not determined</u>  <u>not determined</u>	
19a. DATE OF OPERATION <u>Nov 24 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Internal fixation intertrochanteric fracture femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g. <input type="checkbox"/> home, <input type="checkbox"/> farm, <input type="checkbox"/> factory, <input type="checkbox"/> street, <input type="checkbox"/> office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Morley (Deac) Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 22 56 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? <u>Fall at home. F 904.0</u>			
22. I hereby certify that I attended the deceased from <u>Nov 22</u> , 19 <u>56</u> to <u>Dec 12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10 Dec 12, 1956</u> , and that death occurred at <u>10:40a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas L Otte</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1912 Broadway Cape Girardeau</u>		23c. DATE SIGNED <u>Dec 13 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morley Cemt</u>		24d. LOCATION (City, town, or county) (State) <u>Morley Mo Scott Co.</u>	
DATE REC'D BY LOCAL REG. <u>12-15-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Hanan</u>		ADDRESS <u>Cape Girardeau Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

140

DEC 27 1956

**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..... *J. J. Hansen* .....

Licensed Embalmer No..2863.....

P. O. Address Cape Girardeau.....

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.