

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32767**

FILED OCT 7 1957

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 yrs		e. STREET ADDRESS (If rural, give location) 811 Walnut Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leona	b. (Middle)	c. (Last) Littlefield	4. DATE OF DEATH (Month) (Day) (Year) Sept 24, 1957
--	-------------	------------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 3, 1893	9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months 2	IF UNDER 1 DAY Days 21	IF UNDER 1 HOUR Hours 	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy County Clerk		10b. KIND OF BUSINESS OR INDUSTRY Office Work		11. BIRTHPLACE (City and State or Foreign Country) McDonald County		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John M. Mayfield	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Deceased
--	---------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. 489-24-6878	17. INFORMANT'S SIGNATURE OR NAME Mrs Pat O'Reilly	ADDRESS Neosho, Mo
---	---	--	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis Chr.		INTERVAL BETWEEN ONSET AND DEATH 5 YEARS
	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 526X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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)	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 **1950**, 19____, to **24 SEPT, 1957**, that I last saw the deceased alive on **24 SEPT, 1957**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Taylor M.D.	(Degree or title) M.D.	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 27 Sept 57
---	-------------------------------	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-26-57	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 10-3-57	REGISTRAR'S SIGNATURE Melvin C. Browner M.D.	FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home	ADDRESS Neosho, Mo.
---	---	--	----------------------------

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

223

RECEIVED

District Health Officer No. Newton

District File Number 1057/226

Date Filed OCT 4 1957

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 Fred L. Clark, Student Embalmer No. 555 working under my personal supervision.

Student Fred L. Clark
Signature of Student Embalmer

Signed W. Miller Pickett

Licensed Embalmer No. 4166

P. O. Address 915 Hella

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.