

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40496

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5596

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

G. L. PUCCI

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.			Length of stay in lb 12 days		+ d. STREET ADDRESS 412 E. Gudgell		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First STEVEN Middle G. Last MAYFIELD				4. DATE OF DEATH Month Nov. Day 24, Year 1957										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 21, 1897		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months 0 Days 0		11. UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel		11. BIRTHPLACE (City and state or country) Courtney, Missouri				12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William Mayfield				13b. MOTHER'S MAIDEN NAME Jane Hayworth				14. NAME OF HUSBAND OR WIFE Esther Mayfield						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. 495-09-7719		17. INFORMANT Address Esther Mayfield, 412 E. Gudgell, Indep., Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA										INTERVAL BETWEEN ONSET AND DEATH 72 HOURS.				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHIOGENIC CARCINOMA										UNKNOWN				
DUE TO (c) _____										1102X				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from <u>9-24-57</u> to <u>11-24-57</u> and last saw her alive on <u>11-23-57</u> Death occurred at <u>4:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <i>G. L. Pucci</i> (Degree or title) M.D.						22b. ADDRESS 228 Plaza Time Bldg				22c. DATE SIGNED 11-26-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Nov. 27, 1957		23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery				23d. LOCATION (City, town, or county) (State) Independence, Missouri					
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.						ADDRESS		25. DATE RECD. BY LOCAL REG. 11-26-57		26. REGISTRAR'S SIGNATURE <i>Nevar Marshall</i>				



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

Raymond F. Stoenmann

Licensed Embalmer No. *4266*

P. O. Address. *Indy, Mo.*

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.