

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44075
STATE FILE NUMBER

Dr. Clank
FILED DEC 23 1957

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1208

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pittsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b 14 Hrs.	d. STREET ADDRESS (If outside, give location) 1011 E. 8th, St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GENEVIEVE MAYFIELD			4. DATE OF DEATH Month Day Year Dec. 17 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 8 1896	9. AGE (In years last birthday) 61	IF FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Douglas County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Emery Mead		13b. MOTHER'S MAIDEN NAME Amanda Crawford		14. NAME OF HUSBAND OR WIFE X	
15. WAS SEVERED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Mrs. Frank Deckard Pittsburg, Kan.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock					INTERVAL BETWEEN ONSET AND DEATH 14 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Ruptured diaphragm and hemothorax					14 hours
DUE TO (c) Multiple rib fractures, left					14 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 053					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Auto accident near Lebanon, Missouri.			
20c. TIME OF INJURY Hour Month, Day, Year 11:00 a.m. 12-17-57					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" 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 12-17-57 to 12-17-57 and last saw her alive on 12-17-57 Death occurred at 1:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Michael J. Zelovsky M.D.			22b. ADDRESS 1636 S. Glenstone Springfield, Missouri		22c. DATE SIGNED 12-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/18/57	23c. NAME OF CEMETERY OR CREMATORY Pittsburg, Kansas		23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas
24. FUNERAL DIRECTOR H.H. Lohmeyer		ADDRESS Springfield, Mo		DATE RECD. BY LOCAL REG. 12-18-57	26. REGISTRAR'S SIGNATURE Edith Williamson K.F.

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

DEC 30 1951

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 *H. L. McCarver*

Licensed Embalmer No. *2727*

P. O. Address *Springfield*

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.