

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014019
STATE FILE NUMBER

FILED MAY 5 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 13

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1-57
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1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS 046j
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 PAYDON		Length of stay in lb 17 yrs.	d. STREET ADDRESS (If outside, give location) 105 PAYDON,
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM I. MAYFIELD,			4. DATE OF DEATH Month Day Year 4-9-58		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-15-1873	9. AGE (In years last birthday) 85 yrs	IF UNDER 1 YEAR Months Days Hours Min. 2 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and state or country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME I. D. MAYFIELD		13b. MOTHER'S MAIDEN NAME INK	14. NAME OF HUSBAND OR WIFE MILLIE MAYFIELD,		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Y	16. SOCIAL SECURITY NO. Y	17. INFORMANT Address MILLIE MAYFIELD, WEST PLAINS, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	minutes
	DUE TO (c) _____	332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Familial Generalized arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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 West Plains, Mo	COUNTY Mo	STATE
21. I attended the deceased from Aug 1956 to 4/9/58 and last saw ^{her} him alive on January 957 Death occurred at 8:30 PM m on the date stated above; and to the best of my knowledge, from the cause stated.				

22a. SIGNATURE (Degree or title) M. L. Jauls MD	22b. ADDRESS West Plains, Mo	22c. DATE SIGNED 4/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-12-58	23c. NAME OF CEMETERY OR CREMATORY TRAIL
23d. LOCATION (City, town, or county) TRAIL, MISSOURI		(State)

24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO	25. DATE RECD. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE Beatrice Cook
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

MAY 28 1958

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 *D. J. Roberts*

Licensed Embalmer No. *3473*
P. O. Address *West 7th Ave*

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.