

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033344

STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 136

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1-57
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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

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in lb 7 Days	d. STREET ADDRESS Rt. 4 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MANVILLE Middle R Last MAYFIELD			4. DATE OF DEATH Month Sept. Day 20, Year 1958		
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 Mar. 2, 1884		9. AGE (In years) 74 (1st birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Laclede County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Irving W. Mayfield		13b. MOTHER'S MAIDEN NAME Sarah Greenstreet		14. NAME OF HUSBAND OR WIFE Mary Mayfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (No, no, or unknown)		16. SOCIAL SECURITY NO. 497-40-8458		17. INFORMANT Address Mrs. Mary Mayfield Lebanon, 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) Carcinoma, Stomach				INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				151X	
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 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 _____ 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 Death occurred at Aug 25 1958 to Sept 20 and last saw ^{her} him alive on Sept 20 1958 2:00 P. m on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J.H. Johnson M.D. (Degree or title)		22b. ADDRESS Lebanon Mo.		22c. DATE SIGNED 9/22/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/22/58		23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	
				23d. LOCATION (City, town, or county) (State) Lebanon, Mo.	
24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 9-22-1958		26. REGISTRAR'S SIGNATURE Hella L. Gray	

Received SEP 29 1958

Laclede County Health Unit

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Date Filed SEP 29 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 S.P. Palmer

Licensed Embalmer No. 2204

P. O. Address Lebanon 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.