Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002327
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pascola TWP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt. 2, Box 292 Bragg City — Length of stay in 1b 22 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Bragg City — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 2 Box 292 V — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Dave Middle Last MAYFIELD

4. DATE OF DEATH Month Day Year 1-3-59

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1-2-1890

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 0 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Lexington, Mississippi

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Madison Mayfield

13b. MOTHER'S MAIDEN NAME Judie Walker

14. NAME OF HUSBAND OR WIFE Rebecca Mayfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Mo (If yes, give war or dates of service) - - - - - -

16. SOCIAL SECURITY NO.

17. INFORMANT Address R. B. Mayfield, Rt. 2 Bragg City.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 14 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1/2/59 to 1/3/59 and last saw him alive on 1/3/59
Death occurred at 4:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) F. W. Cooke M.D.

22b. ADDRESS Caruthersville, Missouri.

22c. DATE SIGNED 1/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-8-59

23c. NAME OF CEMETERY OR CREMATORY County Cemetery

23d. LOCATION (City, town, or county) (State) Pemiscot Co. Missouri.

24. FUNERAL DIRECTOR ADDRESS John W. German Funeral Home, Hayti.

25. DATE RECD. BY LOCAL REG. 1-7-59

26. REGISTRAR'S SIGNATURE John W German

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 9 1959

MAY 25 1960

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Missouri.

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.