

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004742
STATE FILE NUMBER

FILED FEB 18 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 52

300
-57

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Jacksonville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Southeast Mo</i>		Length of stay in lb <i>10 min</i>	d. STREET ADDRESS (If outside, give location) <i>722 Oak</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Thomas Marvin Mayfield</i>			4. DATE OF DEATH Month Day Year <i>Feb 4, 1959</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 6, 1884</i>	9. AGE (In years, months, days) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Blacksmith</i>	11. BIRTHPLACE (City and state or country) <i>Oak Ridge Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Albert Mayfield</i>		13b. MOTHER'S MAIDEN NAME <i>Minerva Seabaugh</i>		14. NAME OF HUSBAND OR WIFE <i>HATTIE E MAYFIELD</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Dave Sanders</i> Address <i>Cape Gir.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis heart disease</i>		
	DUE TO (c) <i>4200</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Benign prostatic hypertrophy and Cerebral arteriosclerosis

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	COUNTY STATE

21. I attended the deceased from *5/1/58* to *2/4/59* and last saw her alive on *2/4/59*
Death occurred at *2:00* p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Dorcas M. Hotworth, M.D.</i>	22b. ADDRESS <i>24 N. Sprigg St. Cape Girardeau, Mo.</i>	22c. DATE SIGNED <i>2-10-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 6, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Old Salem</i>	23d. LOCATION (City, town, or county) (State) <i>Cape Girardeau Mo</i>
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24. FUNERAL DIRECTOR <i>McCloughy Funeral Home</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Feb. 16, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Homer Cooper</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Stan C. Cault*

Licensed Embalmer No. *4327*

P. O. Address *Andover, Mass*

.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.