

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018312

FILED VS JUN 1 1960

Registration District No. 032 Primary Registration District No. 5114 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wayne			Length of stay in 1b 0		c. CITY OR TOWN Patton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At work			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt-1 Patton		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DAYTON Middle E. Last MAYFIELD				4. DATE OF DEATH Month May Day 23 Year 1960			
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 11-29-03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 56 Days	IF UNDER 24 HR Hours 56 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logging			10b. KIND OF BUSINESS OR INDUSTRY Timber		11. BIRTHPLACE (City and state or country) Patton, Mo	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Elish Mayfield			13b. MOTHER'S MAIDEN NAME Sarah Bollinger		14. NAME OF HUSBAND OR WIFE Catherine Lincoln		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		17. INFORMANT Catherine Lincoln, Patton, Mo Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery Occlusion DUE TO (c) Coronary Atherosclerosis						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 1:30 Month, Day, Year 5-26-60 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Patton, Mo		COUNTY Bollinger STATE Mo	
21: I attended the deceased from Dead upon my arrival and last saw her alive on _____ Death occurred at 1:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Elice J. Under coroner				22b. ADDRESS Patton, Mo		22c. DATE SIGNED 5-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-27-60	23c. NAME OF CEMETERY OR CREMATORY Pulliam Cem.		23d. LOCATION (City, town, or county) Scopus, Mo		
24. FUNERAL DIRECTOR Elice Ward, Patton, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 5/26/60		26. REGISTRAR'S SIGNATURE Mr. Buford Crader	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 29 1960

0981 I NDC

STATEMENT BY LICENSED EMBALMER

0981 I NDC

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hennrich Leley

Licensed Embalmer No. 5086

P. O. Address Luttrellville

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.