

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010539

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 2000 Registrar's No. 517
FILED APR 9 1962

VS 300
Rev. 4/59

10397
21141

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Mountain Grove</u>	
Length of stay in 1b <u>13 Hrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		d. STREET ADDRESS (If outside, give location) <u>435 E-South St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>B.</u> Last <u>MAYFIELD</u>			4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>72</u>
11a. FATHER'S NAME <u>BENJAMIN MAYFIELD</u>		11b. MOTHER'S MAIDEN NAME <u>MARY KNAPP</u>	9. AGE (last birthday) <u>72</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
17. INFORMANT <u>Mrs Marie Micham Mtn Grove</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>cerebral vascular hemorrhage</u>			
DUE TO (b) <u>arteriosclerotic vascular disease</u>			
DUE TO (c) <u>.....</u>			
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.) <u>.....</u>	
20c. TIME OF INJURY Hour <u>.....</u> Month, Day, Year <u>.....</u>	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.) <u>.....</u>	20f. CITY, TOWN, OR LOCATION <u>.....</u>	COUNTY <u>.....</u>	STATE <u>.....</u>
21. I attended the deceased from <u>3-28-62</u> to <u>.....</u> and last saw her/him alive on <u>3-29-62</u>		Death occurred at <u>11:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Stanley A. Peterson M.D.</u> (Degree or title)	22b. ADDRESS <u>1211 S. Glenstone Springfield, Missouri</u>	22c. DATE SIGNED <u>3 April 62</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial April 1, 1962 Willow Springs Cem.</u>	23b. DATE <u>.....</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mtn Grove Mo.</u>	23d. LOCATION (City, town, or county) <u>.....</u>
24. FUNERAL DIRECTOR <u>Lowell C. Craig Mtn Grove</u>	25. DATE RECD. BY LOCAL REG. <u>4-5-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Mecton</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Levell C. Craig

Licensed Embalmer No. 4766

P. O. Address Wm Grove

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.

Permit issued 3-29-63