

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8186

State File No. _____

4214

Registrar's No. 84

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. ~~131~~ _____

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arvel</u> b. (Middle) <u>3.</u> c. (Last) <u>Mayfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26-49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) <u>Married</u>	8. DATE OF BIRTH <u>June 6-1899</u>		9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u> IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Dallas Co. Mo</u>	
13a. FATHER'S NAME <u>Hubert Mayfield</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Coffelt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. <u>487-10-3960</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Mayfield</u>				ADDRESS _____	

14. NAME OF HUSBAND OR WIFE <u>Clara Mayfield</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 wks.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
DUE TO (c) _____		6 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33</u>		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 7 Jan, 1949, to 26 March, 1949, that I last saw the deceased alive on 26 March, 1949, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James O. Smith M.D.</u>		23b. ADDRESS <u>Clinton, Missouri</u>		23c. DATE SIGNED <u>Mar 28, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>422 1/2 Tom Street Deepwater Mo</u>			
DATE REC'D BY LOCAL REG. <u>Mar 31-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 3-48-31

Date Filed 4-4-49

APR 6 1949

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.

Signed P. M. H. H. H.

Signed.....
Student Embalmer

Licensed Embalmer No. 2782

P. O. Address Deepwater 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 this body is not embalmed, fact should be so stated above.