

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27845

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>0422</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (inable place) <u>2 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> d. STREET ADDRESS (If rural, give location) <u>404 S. Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>AMICK</u> c. (Last) <u>MAYFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov. 24, 1875</u>
9. AGE (In years last birthday) <u>76</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Henry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>M. R. Amick</u>		13b. MOTHER'S MAIDEN NAME <u>Cecelia Merritt</u>	
14. NAME OF HUSBAND OR WIFE <u>William G. Mayfield</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Logan N. Wall, Leeton, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <u>Chronic Nephritis</u> ANTECEDENT CAUSES Due to (b) <u>Arteriosclerosis</u> Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS: _____ Conditions contributing to the death but not related to the disease or condition causing death.	
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 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 <u>Aug. 11, 1952</u> , to <u>Aug. 13, 1952</u> that I last saw the deceased alive on <u>Aug. 13, 1952</u> and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>James Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>Aug. 16, 1952</u>		24a. BURIAL: CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Durnell</u> ADDRESS <u>Windsor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 25-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed William M. Zuercher

Licensed Embalmer No. 4648

P. O. Address Windsor 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.