

No. 2
4-13-40
-17-39
-23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38251

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 362

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Pepplar Bluff
(c) Name of hospital or institution Pepplar Bluff Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark. (b) County Clay
(c) City or town Peach Orchard
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Hubert Lloyd Maple
(b) If veteran, name war NO
(c) Social Security No. 63-18-1593

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 30
year 1960 hour 10:15 minute P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov. 26, 1960 to Nov. 30, 1960
that I last saw him alive on Nov. 30, 1960
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Apr. 8 1918
(Month) (Day) (Year)

Immediate cause of death Acute gangrene perforated appendix to Peritonitis
Due to _____

8. AGE: Years 42 Months 7 Days 23 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 12!

9. Birthplace Peach Orchard Ark.
10. Usual occupation Farming
11. Industry or business _____
12. Name William Maple
13. Birthplace Desoto Ark.
14. Maiden name Mary Sharp
15. Birthplace Marys Ark.

Major findings: acute gangrene ruptured appendix to peritonitis
Of operations _____
Of autopsy none

16. (a) Informant Mary Maple
(b) Address Peach Orchard Ark.
17. (a) Burial (b) Date thereof 12-2-1960
(c) Place: burial or cremation Peach Orchard Ark.
18. (a) Signature of funeral director Blacks Mortuary
(b) Address 123/40 Carning, Ark.
19. (a) 12/3/60 (b) Blacksinger

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO
(e) Means of injury _____
23. Signature J. M. Hanchman (M. D. or other) _____
Address Peach Orchard Ark. Date signed 12-24-60

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

MOTHER FATHER

=5

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.