

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30423B

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 68			
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Harrison					
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Bethany		d. STREET ADDRESS (If rural, give location) So 12 <sup>th</sup> St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Walter c. (Last) Maple			4. DATE OF DEATH Month Day Year Sept 21-1942						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mo. 12-1870	9. AGE (In years) 71	10. MONTHS 10	11. DAYS 9	12. IF UNDER 14 Hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bolton, Mo		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME John M Maple			13b. MOTHER'S MAIDEN NAME Anna Howerton		14. NAME OF HUSBAND OR WIFE Lenore Maple				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of prostate  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr  2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 August, 1940, to Sept 21, 1942, that I last saw the deceased alive on Sept 21, 1942, and that death occurred at 6:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE H. R. Lyddow, Jr. M.D. (Degree or title)				23b. ADDRESS Bethany Mo.		23c. DATE SIGNED 9/23/42			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/42		24c. NAME OF CEMETERY OR CREMATORY Ridgeway		24d. LOCATION (City, town, or county) (State) Ridgeway Mo			
DATE REC'D BY LOCAL REG. 9/24/42		REGISTRAR'S SIGNATURE Zola Burres		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS MB Hass Bethany Mo					

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

Copy given to R. Lyddow

Copy 4/11/52

**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 \_\_\_\_\_

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.