V.S. No. 300
Rev. 10-48

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8843

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 110

49
2
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1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: TEXAS
b. COUNTY: 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOUSTON 41
d. STREET ADDRESS (If rural, give location): 6815 Harris Blvd 2

3. NAME OF DECEASED (Type or Print)
a. (First): L
b. (Middle): H
c. (Last): MAPLES

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jn. 5, 1904
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car dealer
10b. KIND OF BUSINESS OR INDUSTRY: Car dealer
11. BIRTHPLACE (State or foreign country): Ritchy, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Maples
13b. MOTHER'S MAIDEN NAME: Grace Crow
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Grace Maples — ADDRESS: Joplin, Mo;

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) Cerebral toxemia — INTERVAL BETWEEN ONSET AND DEATH: over 2 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic alcoholism — sev. yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1949, *to* 3-7, 1949, *that I last saw the deceased alive on* 3-7, 1949, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D
23b. ADDRESS: 410 Jackson, Joplin, Mo
23c. DATE SIGNED: 3-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-9-49
24c. NAME OF CEMETERY OR CREMATORY: Newtonia
24d. LOCATION (City, town, or county) (State): Newtonia Mo.

DATE REC'D BY LOCAL REG.: 3-8-49
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins Dep.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker-Hunsaker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

49-3-214

APR 22 1943

MAR 23 1946

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 F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.