

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9224

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4320 Registrar's No. # 16

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Palmyra</b> b. COUNTY <b>Marion</b> <b>64</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PALMYRA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Palmyra</b> <b>2</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NO.</b>		d. STREET ADDRESS (If rural, give location) <b>1012 N. Main St.</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>FRED</b> c. (Last) <b>MAUPIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22 1949</b>			
5. SEX <b>MALE</b> <b>2</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> <b>WIDOWED</b>	8. DATE OF BIRTH <b>Not known</b>	9. AGE (In years last birthday) <b>About 90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN LABOR</b>		11. BIRTHPLACE (State or foreign country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>YES</b>

13a. FATHER'S NAME <b>Not Known</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGIE ANN TINSLEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>William Maupin</b> ADDRESS <b>1948 E. 2nd St. Palmyra Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unavoidable accident by being hit by a car driven by Charles Keller.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Street</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Palmyra Marion MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by car.</b> <b>064</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <b>Dr. E. M. Luchs</b>	23b. ADDRESS <b>Palmyra Mo</b>	23c. DATE SIGNED <b>Feb 24, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 26 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>PALMYRA MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>3-7-49</b>	REGISTRAR'S SIGNATURE <b>By Viola Lee Register</b>	FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Spangue</b>	ADDRESS <b>PAKMYRA MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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**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..... Eugene J. Sprague.....

Licensed Embalmer No. 3245.....

P. O. Address Palmyra 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.