

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12067**

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **2000** Registrar's No. **391**

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon 75	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 293 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) Loyd	a. (First)	b. (Middle) O.	c. (Last) MAULDIN	4. DATE OF DEATH April 30, 1949
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 30, 1896	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months 8 Days 1	11. UNDER 1 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Alton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Rachel M. Mauldin
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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) Yes WWT	16. SOCIAL SECURITY NO. 486-20-0792	17. INFORMANT'S SIGNATURE OR NAME Clinical Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1941
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, far advanced, active	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	Cor pulmonale with cardiac hypertrophy Arthritis deformans, mixed type		Unk. 3 months

19a. DATE OF OPERATION 8/31/48	19b. MAJOR FINDINGS OF OPERATION Cavernostomy, left for huge cavity.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) Alton (COUNTY) Greene (STATE) Oregon
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 **July 7, 1948**, to **April 30, 1949**, that I last saw the deceased alive on **April 30, 1949**, and that death occurred at **10:50a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul L. Eisele (Degree or title) M. D.	23b. ADDRESS O'Reilly VAH, Springfield, Mo.	23c. DATE SIGNED 4-30-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Alton, Missouri	24d. LOCATION (City, town, or county) (State) Alton, Missouri
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DATE REC'D BY LOCAL REG. 5-2-49	REGISTRAR'S SIGNATURE W.F. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf ADDRESS Funeral Home, Springfield, Mo.
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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 _____

Lewis G. Schaeff

Licensed Embalmer No. 3802

P. O. Address Springfield

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.