

No. 300
10. 48

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30033

45

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonslick Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boonslick</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Lisbon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lisbon</u>			

3. NAME OF DECEASED (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Maupin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12, 1949</u>
---	--------------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1869</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR	11. UNDER 24 HRS.
--------------------	-------------------------------	---	---------------------------------------	---	------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>James Maupin</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Spry</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Reams</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Maupin</u>	ADDRESS <u>Glasgow Mo.</u>
--	-------------------------------	---	----------------------------

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, asphyxia, 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) <u>Passive Congestion of Chest</u>		<u>Two Hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Circulatory Failure</u> DUE TO (c) <u>Carcinoma of Lower Bowel</u>		<u>Several Months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>153X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 June 1948, to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949 and that death occurred at 11:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. K. L. Lumb</u> (Degree or title)	23b. ADDRESS <u>Glasgow Mo.</u>	23c. DATE SIGNED <u>9/14/49</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Lisbon (near Glasgow) Mo</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7/15/49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	DEPUTY FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Glasgow Mo</u>
---	--	--	---------------------------

RECEIVED

OCT 6

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-49

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 E. L. Linnemont

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.