No. 300
10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17828

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Randolph County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higbee
c. LENGTH OF STAY (in this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence Rural 1020
d. STREET ADDRESS (If rural, give location): 4 miles S. E.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): William
c. (Last): Maupin

4. DATE OF DEATH (Month) (Day) (Year): 3-18-1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-26-1858
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: A. B. Maupin
13b. MOTHER'S MAIDEN NAME: Not known
14. NAME OF HUSBAND OR WIFE: Frances Maupin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Weeks Maupin, Higbee, 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) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial degeneration — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4220

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) Higbee (COUNTY) Randolph (STATE) Mo
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* 3-15, 1950, *to* 3-18, 1950, *that I last saw the deceased alive on* 3-18, 1950 *and that death occurred at* 7:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: V. J. Robinson (Degree or title): D.O.
23b. ADDRESS: Higbee, Mo
23c. DATE SIGNED: 3-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-20-1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
24d. LOCATION (City, town, or county) (State): Shelby Co. Mo.

DATE REC'D BY LOCAL REG.: 3/24-50
REGISTRAR'S SIGNATURE: A. T. Hunn M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Million-Barkelew, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 C W Hawkins

Licensed Embalmer No. 348

P. O. Address Chelburg Md.

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.