FILED MAY 29 1950

No. 300
10:48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19101

State File No. ____

BIRTH No. ____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 40

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

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie
c. LENGTH OF STAY (In this place): 1030
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Albert
c. (Last): Mauk

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Aug. 24, 1877

9. AGE (In years last birthday): 72 — If under 1 year: Months 8, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stave Mill Operator

10b. KIND OF BUSINESS OR INDUSTRY: /

11. BIRTHPLACE (State or foreign country): Dupoint, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: E. Mauk

13b. MOTHER'S MAIDEN NAME: Adeline Wilcox

14. NAME OF HUSBAND OR WIFE: Cara Mauk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 498-07-7575

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Cara Mauk
ADDRESS: Bernie, 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) Disease of the Coronary Arteries and angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____ — 4202
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral embolism and thrombosis — 6 months

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* Jan. 20, *19*46, *to* May 6, *19*50; *that I last saw the deceased alive on* May 6, *19*50, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F O Kelly DO

23b. ADDRESS: Bernie, Mo.

23c. DATE SIGNED: 5-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-11-50

24c. NAME OF CEMETERY OR CREMATORY: Bernie

24d. LOCATION (City, town, or county) (State): Bernie, Missouri

DATE REC'D BY LOCAL REG.: 5-16-50

REGISTRAR'S SIGNATURE: Velma V. Jenkins

25. FUNERAL DIRECTOR'S SIGNATURE: Strickland-Rainey
ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 23
RECEIVED
District Health Office
District File Number 550
Date Filed

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 .....

Licensed Embalmer No. 3479

P. O. Address Dayton, Ohio

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.