

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19930

Registrar's No. 585

BIRTH NO. 3962-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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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 Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
		d. STREET ADDRESS (If rural, give location) 110 East Scott Street	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) BETTY		(Month) (Day) (Year) June 27, 1950	
b. (Middle) ANN			
c. (Last) MAUPIN			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 26, 1950
9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
1 Year 1 Month 1 Day 1 Hour 1 Min. 1 4 20		U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip L. Maupin		13b. MOTHER'S MAIDEN NAME Tone Faye Adamson	
14. NAME OF HUSBAND OR WIFE x			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Phillip L. Maupin		ADDRESS Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Stelectosis INTERVAL BETWEEN ONSET AND DEATH 2 days 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. 7620	
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 26, 1950 , to June 27, 1950 , that I last saw the deceased alive on June 27, 1950 , and that death occurred at 12 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Edward Marcus		23b. ADDRESS Springfield, Missouri	
23c. DATE SIGNED 6/28/1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/1950	
24c. NAME OF CEMETERY OR CREMATORY Hazewood Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE RECD BY LOCAL REG 6-28-50		REGISTRAR'S SIGNATURE T.G. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE W.D. Dunn		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

not embalmed

..... Licensed Embalmer No.

..... P. O. Address.....

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.