

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20783

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>South 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Key Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>LEOTA I. MAPLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 1, 1930</u>
9. AGE (In years last birthday) <u>20</u>		10. MONTHS (Days) (Hours) (Min.) <u>5 0</u>	
10a. USUAL OCCUPATION (Specify kind of work or other kind of occupation, if retired) <u>At home house work - Parents home.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHIRT FACTORY</u>	
11. BIRTHPLACE (State or foreign country) <u>Higginville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward W. Maples</u>		13b. MOTHER'S MAIDEN NAME <u>Glida Key</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glida Maples Lexington, Mo.</u>		ADDRESS <u>493-02</u>	
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>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coccyx Bronchial pneumonia (left)</u> 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 <u>Not determined later from autopsy</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>			
19a. DATE OF OPERATION <u>6/1/50</u>		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <u>April 1, 1950</u> to <u>June 1, 1950</u> that I last saw the deceased alive on <u>June 1, 1950</u> and that death occurred at <u>11:40 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben H. Paros M.D.</u>		23b. ADDRESS <u>Lexington Mo</u>	
23c. DATE SIGNED <u>6/2/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/3/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maahpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Minerva E. Eastman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest K. Tempel</u>		ADDRESS <u>Lexington Mo</u>	

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

05420

RECEIVED

JUN 1 1950

District Health Officer No. 82

District File Number

Date Filed 6-14-50

MAR 6 1950

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 *L. W. McKean*

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Springton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 20783

State of Missouri }
County of Lafayette } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 50

On this 12 day of March, 1951, before me appears Glida Maples

who, upon her oath, states that the original record of ~~her~~ death
for Leota I. Maples ^{died} June 1, 1950, 19 , in the State of
Missouri, and which was filed at Lexington ~~Mo~~ on 9 June, 1950, should be corrected as follows:

Item No. 10 should read machine operator

Instead of housework

Item No. 10b should read shirt factory

Instead of parents home

Item No. 16 should read 493-32-3270

Instead of none

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Glida Maples ^{mother}
Relationship.

Gen. Del. Lexington - Mo.
Present Address.

Subscribed and sworn to before me this 12 day of March, 1951.

My Commission expires 8 Sept. 1954 M. E. Eastbrooks Notary Public.

1951

Affidavits containing erasures will not be accepted; draw one line through error and write above it.