

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30983

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 14

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>5 mo.</u> | | 1070 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| 3. NAME OF DECEASED a. (First) <u>Fannie Cathrine</u> b. (Middle) <u>Maupin</u> c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-22-1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9-1-1855</u> |
| 9. AGE (In years last birthday) <u>95</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | 11. BIRTHPLACE (State or foreign country) <u>Shelby Co, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Not known</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B.W. Maupin, Winfiled, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| 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>Sept. 3, 1950</u> to <u>Sept. 22, 1950</u> that I last saw the deceased alive on <u>Sept. 21, 1950</u> and that death occurred at <u>7:00 A.M.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. N. F. Kelley M.D.</u> | | 23b. ADDRESS <u>Troy Mo.</u> | 23c. DATE SIGNED <u>Sept. 25-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-24-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemty.</u> | 24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Sept 30-1950</u> | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Million-Barkelaw, Shelbyna, Mo.</u> | |

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 3 1950

RECEIVED

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. 3498

P. O. Address Shelburne Vt

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.