S. No. 300
v. 10-48

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39987

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 413

142
0

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Auxvasse 0142
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 26, 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELLING & MANAGING
10b. KIND OF BUSINESS OR INDUSTRY: Furniture & Undertaking
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. T. Maupin
13b. MOTHER'S MAIDEN NAME: Mary Scholl
14. NAME OF HUSBAND OR WIFE: Alice Yates Maupin

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 / ADDRESS: Glen Y. Maupin, Fulton, 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): Uremia — 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): Fractures Rt. Femur & Fibula — 12-9-50
DUE TO (c): Fibula & Pelvis — 12-9-50

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: E 8124

19a. DATE OF OPERATION: 12-13-50
19b. MAJOR FINDINGS OF OPERATION: As above
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.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Auxvasse Callaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-9-50 6:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by car

22. *I hereby certify that I attended the deceased from* 12-9-, 1950, *to* Death 19__, *that I last saw the deceased alive on* 12-19-, 1950, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Brown MD
23b. ADDRESS: Fulton
23c. DATE SIGNED: 12-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 12/22/1950
24c. NAME OF CEMETERY OR CREMATORY: Auxvasse
24d. LOCATION (City, town, or county) (State): Auxvasse, Mo.

DATE REC'D BY LOCAL REG.: Dec. 26-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Maupin Funeral Home Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 2 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

SEP 9 1957

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4559

P. O. Address Fulton, 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.