

STANDARD CERTIFICATE OF DEATH

State File No. 40510

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR Fayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee hospital		d. STREET ADDRESS (If rural, give location) 304 W. Spring St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Cleve b. (Middle) Teral c. (Last) Maupin			4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1950					
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR 6 Months	IF UNDER 1 YEAR 6 Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Robert Maupin		13b. MOTHER'S MAIDEN NAME Martha Smith		14. NAME OF HUSBAND OR WIFE Ella Rector Robertson			
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 Mrs Cleve Maupin		ADDRESS Fayette, 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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				3 yrs.	
		DUE TO (c)				331X	
		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"/>	
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 August 1947, to Dec. 13, 1950, that I last saw the deceased alive on Dec 13, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Shaw, M.D.	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 12-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/16/50	24c. NAME OF CEMETERY OR CREMATORY Pleasant Green Cemetery Howard Co.	24d. LOCATION (City, town, or county) (State) Mo
DATE REC'D BY LOCAL REG. 12-14-50	REGISTRAR'S SIGNATURE Mary K. Shell	536	25. FUNERAL DIRECTOR'S SIGNATURE Dorothy A. Carr
		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Ralph A. Carr
Student Embalmer No.....

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.