

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4213

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY OR TOWN <u>CONCORD</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Rural Concord Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Quinn Rest Home</u>			d. STREET ADDRESS (If rural, give location) <u>Quinn Rest Home</u>		
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) _____ c. (Last) <u>MAUPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Feb 2 1873</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William MAUPIN</u>		13b. MOTHER'S MAIDEN NAME <u>Ann HARRIS</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Edna Tineaid</u>		ADDRESS <u>Plattsburg MO</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u></u> <u>10 Mo</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 Mo</u> <u>177X</u>	
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 <u>April, 1950</u> , to <u>Feb 21, 1951</u> , that I last saw the deceased alive on <u>Feb 18, 1951</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. B. Holding MD</u>		(Degree or title) _____		23b. ADDRESS <u>Plattsburg Mo</u>	
23c. DATE SIGNED <u>Feb 21-51</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-22-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LATHROP Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>LATHROP MO.</u>		DATE REC'D BY LOCAL REG. <u>Feb 22-1951</u>	
REGISTRAR'S SIGNATURE <u>Elizabeth Seaver</u>		441 _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	
ADDRESS <u>Plattsburg MO</u>		ADDRESS _____			

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

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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 Danell D. Lujan.....

Licensed Embalmer No. 3640.....

P. O. Address Flattsburg, N.O......

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.