

FILED MAR 13 1951

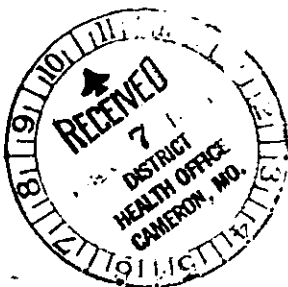
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7360

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Letticia		b. (Middle) Agnes		c. (Last) Maudlin	
4. DATE OF DEATH		(Month) 2 (Day) 20 (Year) 1951					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 4 14 1868	
9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Worth, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Luther Jackson		13b. MOTHER'S MAIDEN NAME Amanda Washburn		14. NAME OF HUSBAND OR WIFE N.B. Maudlin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Amanda Sims ADDRESS Grant City, 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) Carcinoma Transverse Colon ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. fracture, neck femur				INTERVAL BETWEEN ONSET AND DEATH 4 years 153X	
19a. DATE OF OPERATION 22 Jan 51		19b. MAJOR FINDINGS OF OPERATION 11		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1947, to 2-20, 1951 , that I last saw the deceased alive on 2-20, 1951 , and that death occurred at 8 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank B. Harrison, M.D. (Degree or title)				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 2/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2 22 1951		24c. NAME OF CEMETERY OR CREMATORY Lott's Grove Cemetery		24d. LOCATION (City, town, or county) (State) Hatfield, Mo.	
DATE REC'D BY LOCAL REG. 2-28-1951		REGISTRAR'S SIGNATURE Heta E. Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dangle ADDRESS Grant City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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



APR 25 1951

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

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.