

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11391

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>10</u>					
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Allendale Mo</u> Rural							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rex Kidney Home</u>				d. STREET ADDRESS (If rural, give location) <u>Northeast 5 mile</u> 1130							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albert</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Maudlin</u>					
4. DATE OF DEATH		Month <u>March</u> Day <u>8</u> Year <u>1951</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 6 - 1866</u>					
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>8</u>		11. DAYS <u>2</u>		12. IF UNDER 1 YEAR Hours <u>4</u> Min. <u>1</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>							
11. BIRTHPLACE (State or foreign country) <u>Washington County Ind</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Joel Maudlin</u>				13b. MOTHER'S MAIDEN NAME <u>Cynthia Stevenson</u>							
14. NAME OF HUSBAND OR WIFE <u>Melissa Maudlin</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>							
17. INFORMANT'S SIGNATURE OR NAME <u>Melissa Maudlin</u>				ADDRESS <u>Grant City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Atherosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>4201</u> <u>5 years</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION							
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) m.		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 <u>10-16</u> , 19 <u>48</u> , to <u>3-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>51</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Frank B. Harrison D.D.</u>				23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>3/10/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 10 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Allendale Mo</u>					
DATE REC'D BY LOCAL REG. <u>March 17, 1951</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u> 345		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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



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.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. 4211

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.