

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13136

33

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
d. FULL NAME OF HOSPITAL OR INSTITUTION 732 Rinker		d. STREET ADDRESS (If rural, give location) 732 Rinker	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Joseph c. (Last) Maples			4. DATE OF DEATH (Month) (Day) (Year) April 12, 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1885
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Stone Co. Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Noah Asbury Maples		13b. MOTHER'S MAIDEN NAME Margaret E. Davis	14. NAME OF HUSBAND OR WIFE Lydia Maples
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia Maples Aurora, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES myocarditis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) 4201
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 Mar 1, 1951 , to April 12, 1951 , that I last saw the deceased alive on April 6, 1951 , and that death occurred at 2 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. H. H. H. H. (Degree or title)		23b. ADDRESS Aurora Mo	23c. DATE SIGNED April 14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 16,	24c. NAME OF CEMETERY OR CREMATORY Eisenhour Cemetery	24d. LOCATION (City, town, or county) (State) 1 Mi. So. of 65 & 44 Hiway MO.
DATE REC'D BY LOCAL REG. Apr. 16-51	REGISTRAR'S SIGNATURE Ora Mc Natt 157	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Wood Aurora, Mo.	

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

0551

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 24 1951

Dist. File 437-893

Date Filed 4-27-51

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.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.