

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19499**

FILED JUN 18 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 634

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>1117</u>	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 1219 Powell St. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Franklin c. (Last) Maughmer			4. DATE OF DEATH (Month) (Day) (Year) June 8 1951		
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH August 30, 1887		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR: Months Days	
IF UNDER 1 YEAR: Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (State or foreign country) Andrew County, Missouri <u>0</u>			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Tillman E. Maughmer		13b. MOTHER'S MAIDEN NAME Clara Peters		14. NAME OF HUSBAND OR WIFE Lena Maughmer	
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. unk.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Maughmer. 1219 Powell	
				ADDRESS St. Joseph MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		DUE TO (b) _____				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Poor condition</u>					<u>1 yr</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 6/2, 1951, to 6/7, 1951, that I last saw the deceased alive on 6/7, 1951, and that death occurred at 2:33A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Maughmer</u> (Degree or title) MD		23b. ADDRESS <u>670 Florence St.</u>		23c. DATE SIGNED <u>6/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/10/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Long Branch Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Andrew County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bauman Funeral Home</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>JUNE 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Caty</u>		446	

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

Ms. Z. X. Hartman

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address. 319 Lehigh, St. Joseph

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.