No. 300
10948

FILED Aug 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29328

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4347 Registrar's No. 27

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

1. PLACE OF DEATH
a. COUNTY Worth 1130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grant City Mo
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Vesta Kidney

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Allendale Mo 1130
d. STREET ADDRESS (If rural, give location) Northeast of Allendale Mo

3. NAME OF DECEASED (Type or Print) a. (First) Melissa b. (Middle) (none) c. (Last) Maudlin

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH March 2 1868

9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 5 Days 16 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Worth County Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Neal

13b. MOTHER'S MAIDEN NAME Mary Elizabeth Kirk

14. NAME OF HUSBAND OR WIFE Albert Maudlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Vesta Ridley 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, Rt. Hip — 1 Month
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 113 69030 20

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.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grant City, Mo Worth Mo

21d. TIME OF INJURY (Month) June 30 (Day) (Year) 51 (Hour) 8 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? fell while turning around

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* Aug 18, 1951, *that I last saw the deceased alive on* Aug 17 1951 *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE. (Degree or title) Frank B Patterson MD

23b. ADDRESS Grant City, Mo

23c. DATE SIGNED 8/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 20-51

24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery

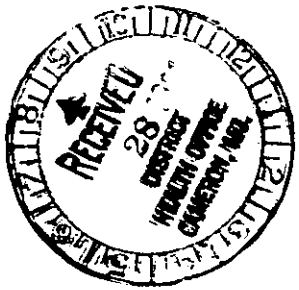
24d. LOCATION (City, town, or county) (State) Allendale Mo

DATE REC'D BY LOCAL REG. Aug 24 1951

REGISTRAR'S SIGNATURE Peter E Dawson 345

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS John Andrews Grant City Mo

(Licensed Embalmer's Statement on Reverse Side)



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 John Andrews, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed John Andrews
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.