

FILED OCT 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 52334

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 219 East Arch Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 East Arch			

3. NAME OF DECEASED (Type or Print)	a. (First) Fred A	b. (Middle) Austin	c. (Last) Maus	4. DATE OF DEATH (Month) (Day) (Year) September 14, 1951
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Schell City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob H. Maus	13b. MOTHER'S MAIDEN NAME Nellie B. Baughn	14. NAME OF HUSBAND OR WIFE Marie Maus
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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. 489-24-5848	17. INFORMANT'S SIGNATURE OR NAME Marie Maus	ADDRESS 219 East Arch Nevada, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Generalized Arteriosclerosis		
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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute) _____	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 **Sept 29, 1949**, to **Sept 14, 1951**, that I last saw the deceased alive on **Sept 14, 1951** and that death occurred at **3:45** m., from the causes and on the date stated above.

23a. SIGNATURE Kayal Pearson m.d.	(Degree or title) _____	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 9/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Schell City Missouri
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DATE REC'D BY LOCAL REG. 9-18-1951	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

082

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

RECEIVED

SEP 24 1951

Dist. File

924-1732

Date Filed

9-29-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *A. J. Henry*

Licensed Embalmer No. *1760*

P. O. Address *Mirada m*

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.