

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25507**

FILED JUL 28 1952

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>233</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> <u>09402</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> <u>0750</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u> TOWN RURAL <u>St. Francois</u>		c. LENGTH OF STAY (In this place or township) <u>12Y, 6M, 26D</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Alton</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>W.</u> c. (Last) <u>MAULDIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1952</u>				
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>April 25, 1901</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>		IF UNDER 1 MO. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Pinkney C. Mauldin</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Wilma Gage</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, 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>Bilateral far advanced pulmonary tuberculosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Dementia praecox, Paranoid type.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u> <u>Sev. yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>					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 <u>April 8, 1946</u> , to <u>July 22, 1952</u> , that I last saw the deceased alive on <u>July 22, 1952</u> , and that death occurred at <u>4:30A.m.</u> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>John P. Brennan M.D.</u>				22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		22c. DATE SIGNED <u>7-23-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clary Funeral Home, Alton, Missouri</u>			

(Licensed English'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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: CA Cozart

Licensed Embalmer No. 4084

P. O. Address. Farmington, N.H.

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.