

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30562**
 BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6212 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Vernon 1089</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon 1080</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City</u>		c. LENGTH OF STAY (in this place) <u>79 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>MAUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November, 30, 1872</u>	9. AGE (In years last birthday) <u>79 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Christopher Maus</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Rachel</u>		14. NAME OF HUSBAND OR WIFE <u>Viola</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Daisy Haggard</u> ADDRESS <u>Schell City 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>592X</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>Aug 5, 1952</u> , to <u>Sept 9, 1952</u> , that I last saw the deceased alive on <u>Sept 9, 1952</u> , and that death occurred at <u>12:25 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. Gray M.D.</u> (Degree or title)			23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>Sept 12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Sept 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 12-52</u>	REGISTRAR'S SIGNATURE <u>Bliss B. Daily</u> <u>463</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis + Son</u> ADDRESS <u>Schell City, Mo.</u>		

(Licensed Embalmer'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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell 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.