

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34460

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 69

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Chariton</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>LINN</u>  |  |
| b. CITY OR TOWN <u>Rural Keytesville</u>  | c. LENGTH OF STAY (in this place) <u>1 day</u>   | c. CITY OR TOWN <u>Marceline</u> <u>0580</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chariton Rest Home</u>   |  | d. STREET ADDRESS (If rural, give location) <u>rural</u>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Robert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Maupin</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-1952</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>Sept-4-1874</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>  | 9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Robert Maupin</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Ellen Hicks</u>  | 13c. NAME OF HUSBAND OR WIFE <u>Rose Seyer Maupin</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 <u>Orin Hedrick</u> ADDRESS <u>Salisbury Mo</u>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-vascular</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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>442 X</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) (Min.)  | 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>Feb 15</u> , 19 <u>52</u> , to <u>Oct 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 22</u> , 19 <u>52</u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Carl P. Hege</u>  |  | 23b. ADDRESS <u>M.D. Keytesville Mo</u>   | 23c. DATE SIGNED <u>10/24/52</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   | 24b. DATE <u>10-25-52</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Praine Valley</u>   | 24d. LOCATION (City, town, or county) (State) <u>near Salisbury Mo</u>   |
| DATE REC'D BY LOCAL REG. <u>10-25-52</u>  | REGISTRAR'S SIGNATURE <u>J.W. Newkirk</u> <u>SS</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. B. Winkelmeyer</u> ADDRESS <u>Salisbury</u>  |  |

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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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.