

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1857
Registrar's No. 4400

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 930 MCKINLEY		d. STREET ADDRESS (If rural, give location) 930 MCKINLEY	
3. NAME OF DECEASED a. (First) VERNON b. (Middle) V. c. (Last) MAULLER			4. DATE OF DEATH (Month) (Day) (Year) JAN. 21, 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 30, 1898
9. AGE (In years last birthday) 54		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY SKELLY OIL CO.	11. BIRTHPLACE (State or foreign country) RITCHY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN G. MAULLER	
13b. MOTHER'S MAIDEN NAME MATILDA ANN BOLENBAUGH		14. NAME OF HUSBAND OR WIFE GARNETTE MAULLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK		16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME MRS GARNETTE MAULLER, 930 MCKINLEY
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiomyopathy & acute Cholecystitis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov 2, 1952 , to Jan. 21, 1953 , that I last saw the deceased alive on Jan 21, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE G. A. Schmitt (Degree or title)		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 1/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-23-53	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL
24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	
DATE REC'D BY LOCAL REG. 1-24-53		REGISTRAR'S SIGNATURE G. A. Schmitt	

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

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RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/104

Date Filed 2-3-53

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.

Student Embalmer No.

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.