

FILED JAN 12 1953

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

4459

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1323</u>		PRIMARY REG. DIST. NO. <u>6089</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elmwood T.W.P.</u>		c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Elmwood T.W.P.</u>		OR TOWN <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi S.W. Shackelford mo</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi S.W. Shackelford mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JENNINGS</u>		b. (Middle) <u>—</u>		c. (Last) <u>MAUPIN Jr.</u>	
4. DATE OF DEATH		5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 5, 1895</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>		IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jennings Maupin Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Asal B. Maupin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jennings Maupin Jr. Inlet Springs Mo 13</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound self inflicted</u> 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. <u>E970X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Inlet Elmwood Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 1 1953 2:15 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot self with 22 rifle in head</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1 1953</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 1 1953</u> , 19 <u>53</u> , and that death occurred of <u>2:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Lawler M.D. Croner Saline Co.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>Jan. 3, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/7/53</u>		REGISTRAR'S SIGNATURE <u>Dolley Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fanny Hershberger</u>		ADDRESS <u>Marshall Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 30 1953

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 Joseph R. Marshall
Licensed Embalmer No. 4571
P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.