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

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19095

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 193

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (In this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Desloge
d. STREET ADDRESS (If rural, give location): School Street

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Jessie
c. (Last): Maples

4. DATE OF DEATH (Month) (Day) (Year): May 26 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1914
9. AGE (In years last birthday): 38 — If under 1 year: Months 10, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minner
10b. KIND OF BUSINESS OR INDUSTRY: St. Joseph Lead
11. BIRTHPLACE (City and State or Foreign Country): Desloge, Missouri
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Columbus Maples
13b. MOTHER'S MAIDEN NAME: Minnie Lawson
14. NAME OF HUSBAND OR WIFE: Audrey Maples

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ——
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 488-12-3335
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Audrey Maples, Desloge, Mo.

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) intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) multiple fractures of skull — 3 hours
DUE TO (c) Explosion injury — 3 hours

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* multiple lacerations + fractures of arms + right leg; contusion of lung — 3 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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n94
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Leadwood St. Joseph mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leadwood St. Francois Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 26 1953 2:35 pm.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: dynamite-blast explosion in lead mine

22. *I hereby certify that I attended the deceased from* 5-26, 1953, *to* 5-26, 1953, *that I last saw the deceased alive on* 5-26, 1953, *and that death occurred at* 5:28 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron H. Taylor M.D.
23b. ADDRESS: Flat River, Mo.
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 May 1953
24c. NAME OF CEMETERY OR CREMATORY: Adams Cemetery
24d. LOCATION (City, town, or county) (State): Frank Clay, Mo.

DATE REC'D BY LOCAL REG.: May 27, 1953
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.Z. Boyer & Son Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 D. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Kleeloge Mo

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

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