S. No. 300
v. 10.48

0310
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35455

BIRTH NO. FILED NOV 2 - 1953 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin
c. LENGTH OF STAY (in this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin 0310 0
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle): Richard
c. (Last): Maffitt

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Nov. 5 1870
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate & Insurance
11. BIRTHPLACE (City and State or Foreign Country): (Unknown) Iowa /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nehemiah C. Maffitt
13b. MOTHER'S MAIDEN NAME: Josephine Levis
14. NAME OF HUSBAND OR WIFE: Ardella Maffitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. A. R. Maffitt
ADDRESS: Gallatin, 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) Cardiac asthma, Hypertensive Cardiac — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Vascular renal disease, Cerebrall

DUE TO (c) Hemorrhage.

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: 331.X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1951, *to* Oct 28, 1953, *that I last saw the deceased alive on* Oct 28, 1953, *and that death occurred at* 11:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Bailey 0 (Degree or title)
23b. ADDRESS: Gallatin Mo.
23c. DATE SIGNED: 10-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-31-1953
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Gallatin, Missouri

DATE REC'D BY LOCAL REG.: 10-31-53
REGISTRAR'S SIGNATURE: Virgie M. Engelhard 81-0
25. FUNERAL DIRECTOR'S SIGNATURE: L. O. Pickerson
ADDRESS: Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Bailey

JAN 18 1957

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.