

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36854**

FILED NOV 12 1953

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **70**

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| 1. PLACE OF DEATH a. COUNTY PUTNAM | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO b. COUNTY PUTNAM | |
| b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE | c. LENGTH OF STAY (In this place) 2 1/2 | c. CITY OR TOWN UNIONVILLE | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 0860 | |

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|---|---------------------------|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) ORVAL b. (Middle) THOMAS c. (Last) MAULSBY | | 4. DATE OF DEATH (Month) (Day) (Year) OCT 30 1953 | |
| 5. SEX M | 6. COLOR OF RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. | 8. DATE OF BIRTH Sept 30, 1909 |
| 9. AGE (In years last birthday) 44 1/2 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merch | |
| 11. BIRTHPLACE (City and State or Foreign Country) Putnam Co Mo. | | 12. CITIZEN OF WHAT COUNTRY? US | |

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| 13a. FATHER'S NAME WALTER MAULSBY | 13b. MOTHER'S MAIDEN NAME MAYTLE CARTER | 14. NAME OF HUSBAND OR WIFE MARY W. MAULSBY | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no | 16. SOCIAL SECURITY NO. W.W. 2 486-12-5443 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary W Mandely Unionville Mo | |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | 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) Don't know | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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) m. | 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 Oct 30, 1953 , to Oct 30, 1953 , that I last saw the deceased alive on Oct 30, 1953 , and that death occurred at 4 a. m. , from the causes and of the date stated above. | | |

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| 23a. SIGNATURE (Signed or titled) Chas L Judd Doz | 23b. ADDRESS Unionville Mo | 23c. DATE SIGNED 10/31/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) B | 24b. DATE NOV 1 1953 | 24c. NAME OF CEMETERY OR CREMATORY Unionville Cem. |
| 24d. LOCATION (City, town, or county) (State) Unionville Mo | | |

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| DATE REC'D BY LOCAL REG. 11-7-53 | REGISTRAR'S SIGNATURE Marvell Durbin 266 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Husted & Son Unionville Mo |
|---|---|---|

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

0860

NOV 23 1988

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Muel E. Shusted

Licensed Embalmer No. 330

P. O. Address Annville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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