

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0361

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

FILED DEC 22 1953

BIRTH NO. REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4187 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>47 Highway</u>		d. STREET ADDRESS (If rural, give location) <u>R. R.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Doris</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Maupin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 11 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>January 22 1939</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>School Student</u>	11. BIRTHPLACE (State or foreign country) <u>St. Clair Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ross, J. Maupin</u>	13b. MOTHER'S MAIDEN NAME <u>Estell Maupin</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ross, R. Maupin</u>	ADDRESS <u>St. Clair</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>In auto accident on Hwy 47</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>North City Limits of Union Mo</u> DUE TO (c) <u>Lost control &amp; hit tree.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured skull &amp; neck</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Internal Injuries</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 47</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Union, Franklin Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 11 1953 11:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost Control of Car</u>
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22. I, hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cornel R. Altmann, coroner</u>	23b. ADDRESS <u>Merred Missouri</u>	23c. DATE SIGNED <u>Dec 12 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/14/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Yellow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Clair, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 14 1953</u>	REGISTRAR'S SIGNATURE <u>J.T. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Altmann</u>	ADDRESS <u>Union, Mo.</u>
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**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 E. H. Ottman

Licensed Embalmer No. 1686

P. O. Address Union, 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.