

STANDARD CERTIFICATE OF DEATH

State File No. **5420**

FILED MAR 2 1954

 BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **164**

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bever		d. STREET ADDRESS (If rural, give location) Rural # 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain Hoop			3. NAME OF DECEASED a. (First) Lester b. (Middle) Lyle c. (Last) Maphes		
3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) 1-18-54		5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---
8. DATE OF BIRTH 8-23-45	9. AGE (In years last birthday) 8 Months 9 Days 28	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school child	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? Mo
13a. FATHER'S NAME Kenneth Lyle Maphes		13b. MOTHER'S MAIDEN NAME Lyle Avis Mann		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Lyle Avis Beltramo ADDRESS Bever			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured appendix - Volvulus Obdial culture - Impure DUE TO (b) Small intestine DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION 1/18/54	19b. MAJOR FINDINGS OF OPERATION Sauve. ad # 1				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) 5501			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 1/18 , 19 54 , to 1/18 , 19 54 , that I last saw the deceased alive on 1/18 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Howard Miller MD (Degree or title)			23b. ADDRESS Macon		23c. DATE SIGNED 1/20/54
24a. BURIAL, CREMATION REMOVAL (Specify) Crema	24b. DATE 1-22-54	24c. NAME OF CEMETERY OR CREMATORY West Oakwood	24d. LOCATION (City, town, or county) (State) Bever Mo		
DATE REC'D BY LOCAL REG. 2/1/54	REGISTRAR'S SIGNATURE Beth McNeely 185-1		25. FUNERAL DIRECTOR'S SIGNATURE H. G. Edwards ADDRESS Bever Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2

RECEIVED 2.23.59
MACON COUNTY HEALTH DEPARTMENT
County File No. 2.54.15
Date Filed 2.24.59

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Reiner, 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.