

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23369

FILED AUG 10 1955

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Farmington</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Farmington</u> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>513 West Liberty</u>		e. STREET ADDRESS <u>513 West Liberty</u> <u>0940</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>Wampler</u> c. (Last) <u>Maness</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 29 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (last birthday) (Month) (Day) (Year) <u>74</u> <u>7</u> <u>1</u>
11a. BIRTHPLACE (City and State, or Foreign Country) <u>Libertyville Mo</u>		11b. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Nathan Howlett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Cowley</u>	14. NAME OF HUSBAND OR WIFE <u>R.A. Maness</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Freda Wallace 513 West Liberty Farmington</u>	
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) <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>5 years</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 <u>10-4, 1954</u> to <u>7-30, 1955</u> , that I last saw the deceased alive on <u>7-30, 1955</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert A. Huckaby</u>		23b. ADDRESS <u>M.D. 301 W. Liberty Farmington</u>	23c. DATE SIGNED <u>8/1/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 1 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cem.</u>	24d. LOCATION (City, town, or County) (State) <u>near Farmington Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 1, 1955</u>	REGISTRAR'S SIGNATURE <u>Ether Pauloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Farmington Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 40

P. O. Address Farmington

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.