

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27062

BIRTH NO. _____ REG. DIST. NO. 232 PRIMARY REG. DIST. NO. 5812 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of institution) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Prairie		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Prairie	
c. LENGTH OF STAY (In this place) 10 years		d. STREET ADDRESS (If rural, give location) 6 1/2 Miles N. E. Wellsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 1/2 miles N. E. Wellsville			
3. NAME OF DECEASED (Type or Print)	a. (First) VIRGINIA	b. (Middle) MCWAY	c. (Last) MAULL
4. DATE OF DEATH	(Month) Aug.	(Day) 26	(Year) 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1897
9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Day 4	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? A.
13a. FATHER'S NAME Thomas J. McWay	13b. MOTHER'S MAIDEN NAME Anna Sullivan	14. NAME OF HUSBAND OR WIFE Louis Maull Jr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 500-26-0316	17. INFORMANT'S SIGNATURE OR NAME Louis V. Maull Jr. St. Louis	
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) Gun Shot Wound ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self-inflicted DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Prairie, Montgomery, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 26, 1955 1:30 P.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE L. E. Robertson		23b. ADDRESS (Degree or title) Coroner - Montgomery City, Mo.	23c. DATE SIGNED 8/26/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 8-26-55	REGISTRAR'S SIGNATURE Mrs. Zoe Chapman	25. FUNERAL DIRECTOR'S SIGNATURE B. Wells	ADDRESS Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0700

SEP 2 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 L

Student Embalmer No. _____

working under my personal supervision.

Student L
Student Embalmer

Signed

A. B. Wells

Licensed Embalmer No. 1588

P. O. Address

Hollywood, 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.