

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27952**

FILED SEP 6 1955

BIRTH NO. **70970-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7179**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess		d. STREET ADDRESS (If rural, give location) 17 1917 Alfred	
3. NAME OF DECEASED a. (First) Bradford b. (Middle) Lee c. (Last) Maples		4. DATE OF DEATH (Month) (Day) (Year) 8-10-55	
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 8-10-55
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Rex Lee Maples		13b. MOTHER'S MAIDEN NAME Ruby Fern Gold	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rex L. Maples ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placenta Previa DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS... Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		761.0	
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 8-10, 1955 to 8-10, 1955 , that I last saw the deceased alive on 8-10-55, 19 , and that death occurred at 9:10 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Bert H. Klein M.D.		23b. ADDRESS 2637 S. Kingshighway	
23c. DATE SIGNED 8-11-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-11-55	24c. NAME OF CEMETERY OR CREMATORY Chever. Mo.	
24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. AUG 17 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE NARRIS-CHEVER. MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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
Student Embalmer

Signed *Jo Embalmer*.....

Licensed Embalmer No. *0222*.....

P. O. Address.....

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.