

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1955

State File No. **29486**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2002** Registrar's No. **794-A**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Highlandville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 min		e. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jamesh b. (Middle) William c. (Last) Maples			4. DATE OF DEATH (Month) (Day) (Year) 9 7 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 8, 1883		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Christian County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Mr. Ephriam Maples		13b. MOTHER'S MAIDEN NAME Mary Jane Davis		14. NAME OF HUSBAND OR WIFE Mrs. Lenna Maples	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. William Ware, Highlandville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Cerebral Hemorrhage rise to the above cause (a) stating the underlying cause last.		
		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 331X		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 **9/7/55**, 19____, to **9/7/55**, 19____, that I last saw the deceased alive on **9/7/55**, 19____, and that death occurred at **6:45Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard Metzger MD		23b. ADDRESS 700 E. Sunshine, Springfield, Mo.		23c. DATE SIGNED 9/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 11-1955		24c. NAME OF CEMETERY OR CREMATORY Highlandville Cem.	
DATE REC'D BY LOCAL REG. 9-12-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE John H. Harris ADDRESS Clever, Mo.	

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..... *John Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, N.*

**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.**