

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. 0400</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle) <u>H</u>		c. (Last) <u>MAUCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>		8. DATE OF BIRTH <u>Dec 24 1897</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 Hrs. _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph S. Mauck.</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Mae Whitbread.</u>		14. NAME OF HUSBAND OR WIFE <u>Tressie Mauck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Tressie Mauck R.F.D. Trenton, Mo.</u> 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) <u>Diabetic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260K</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Four hours</u> <u>About 7 a year!</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) _____ 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 <u>Jan</u> , 19 <u>55</u> , to <u>Oct. 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct. 4</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. H. Haulers</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>10-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARTIN Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. Spickard, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-7-55</u>		REGISTRAR'S SIGNATURE <u>J. Rene Jan</u> <u>115</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS. Blackmore Funeral Home</u> ADDRESS <u>Trenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Jordan Blackmar*

Licensed Embalmer No. *46*

P. O. Address *Trenton, N.J.*

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.