

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33833

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 84

0550

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Joachim</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>	c. CITY OR TOWN <u>Herculaneum</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3212 Circle Street</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>3212 Circle Street</u>		e. STREET ADDRESS (If rural, give location) <u>3212 Circle Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clayton</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Maupin, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12, 1955</u>
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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>July 20, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Smelter (Ret)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Industry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hillsboro, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jesse Maupin</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown) McDaniels</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Decker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-039704</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clayton Maupin, Sr., Herculaneum, M.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis &amp; hypertension</u> DUE TO (c) <u>Eyes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1950, to Oct 12, 1955, that I last saw the deceased alive on Oct 7, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Keen</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Herculaneum, Mo.</u>	23c. DATE SIGNED <u>10/15/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>	24d. LOCATION (City, town, or county) (State) <u>Festus., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-15-55</u>	REGISTRAR'S SIGNATURE <u>James A. Reider</u>	502	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	ADDRESS <u>Festus Mo</u>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 26 1955

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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.....  
*Donald H. Vinjan*

Licensed Embalmer No. *H. 200*

P. O. Address *Keosauqua, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.