

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 81

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Audrain</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>no street address</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GUY</u>		b. (Middle) <u>OSWIN</u>		c. (Last) <u>MAUPIN</u>	
		4. DATE OF DEATH		(Month) (Day) (Year)		<u>Feb - 5 - 1956</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>Jan. 21 1879</u>	
		9. AGE (In year last birthday) <u>77</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming, Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Co. Montgomery County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>William B. Maupin</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Fannie Maupin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>493-34-1453</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Maupin Martinsburg Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro vascular accident</u>				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive arteriosclerosis</u>					
		DUE TO (c) <u>heart disease</u>				<u>years</u>	
		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 <u>4200</u>				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>August 4, 1955</u> , to <u>Jan 5, 1956</u> , that I last saw the deceased alive on <u>Jan 5, 1956</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Lusk</u>				23b. ADDRESS <u>1400 Mission Ave</u>		23c. DATE SIGNED <u>Feb 7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farber, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7-1956</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Hill</u>		ADDRESS <u>Hillsville Mo</u>	

MAR 13 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *T.B. Kells*

Licensed Embalmer No. *1588*

P. O. Address *Hellerville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.