

FILED JAN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. *65217* Registrar's No. *11*

BIRTH NO. _____ REG. DIST. NO. *59* PRIMARY REG. DIST. NO. *5217*

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Austin Twp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 miles E. of Archie, Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>8th Troost</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Henry</i> b. (Middle) <i>Andrew</i> c. (Last) <i>Maupin</i>	4. DATE OF DEATH (Month) <i>Jan.</i> (Day) <i>14</i> (Year) <i>1956</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 4, 1921</i>	9. AGE (In years last birthday) <i>34</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>10</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Creighton, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Charles Maupin</i>	13b. MOTHER'S MAIDEN NAME <i>Ethel Shearer</i>	14. NAME OF HUSBAND OR WIFE <i>Helen Maupin</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW 2</i>	16. SOCIAL SECURITY NO. <i>Destroyed</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Kenneth Maupin</i>	ADDRESS <i>Rt. 2 Liberty, Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>SUDDEN</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>TRAUMATIC SHOCK</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>COMPLETE BURNING OF BODY</i> DUE TO (c) <i>AUTO. ACCIDENT</i>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>ACCIDENT</i>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Austin Twp. Cass Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1 14 56 9:15 PM</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto Accident</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *9:11 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Bruce Jander Combs</i>	(Degree or title) <i>2</i>	23b. ADDRESS <i>Plains Hill, Mo</i>	23c. DATE SIGNED <i>1/17/56</i>
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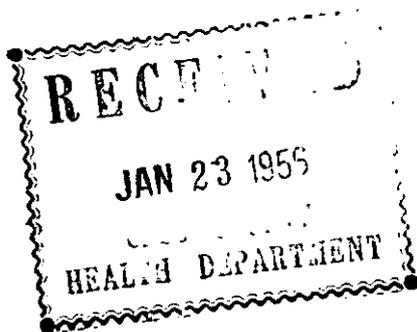
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 17 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Parker Ceme</i>	24d. LOCATION (City, town, or county) (State) <i>Creighton Mo</i>
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DATE REC'D BY LOCAL REG. <i>Jan 17 1956</i>	REGISTRAR'S SIGNATURE <i>Dora Barward</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Atterson Bros. Hannouville, Mo.</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27 1958



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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Dunsmuir, 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 this body is not embalmed, fact should be so stated above.