

STANDARD CERTIFICATE OF DEATH

State File No. 2150

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 48
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, make RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Maryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>1101 E. 1st.</u> <u>2748</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>C.</u> c. (Last) <u>Maul</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1956</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>10-15-1877</u>	9. AGE (In years last birthday) <u>78</u> if UNDER 1 YEAR Months Days Hours Min.
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>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Savannah-Mo-</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Sim M. Maul</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna E. (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Leonia Goff-Maul</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leonia Maul-Maryville-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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Repeated Cerebral Hemorrhages</u> <u>331X</u> DUE TO (c) <u>Generalized arterio-sclerosis, hypertension, Chronic Pyelocystitis, Chronic Aortitis,</u>			INTERVAL BETWEEN ONSET AND DEATH <u>During past 3 to 4 years.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Malnutrition & generalized body Paralysis</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>1950</u> , to <u>Jan 14</u> , 1956 that I last saw the deceased alive on <u>Jan 9</u> , 1956, and that death occurred at <u>about 4 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W.R. Jackson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville, Mo.</u>		23c. DATE SIGNED <u>1-14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery Maryville Mo.</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>1-21-56</u>	REGISTRAR'S SIGNATURE <u>Gess 1021 to 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Jackson Maryville Mo.</u> ADDRESS	

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 *G. M. Atcherson*.....

Licensed Embalmer No. *2279*.....

P. O. Address *Maryville*.....

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.