

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17434

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 146

| | | | |
|------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY ST CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST CHARLES | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST CHARLES | | c. LENGTH OF STAY (In this place) | d. In 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 ST Josephs Hospital | | e. STREET ADDRESS (If rural, give location) MAIN + ELM 1 | |

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|------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------|-----------------------|
| 3. NAME OF DECEASED a. (First) HERSCHEL b. (Middle) BERNARD c. (Last) MAYNARD | | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 30 1956 | | |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JULY 6 1927 | 9. AGE (In years last birthday) 28 | 10. UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. NAVY MAN | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY | 11. BIRTHPLACE (City and State or Foreign Country) TUPELO MISSISSIPPI | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME ALVA P MAYNARD | 13b. MOTHER'S MAIDEN NAME GRACE MSFARLING | 14. NAME OF HUSBAND OR WIFE NORMA MAYNARD |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES (If yes, give war or dates of service) NO WW II | 16. SOCIAL SECURITY NO. 330-66-43 | 17. INFORMANT'S SIGNATURE OR NAME NORMA MAYNARD WRIGHT ADDRESS CITY MO |

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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CAR HIT TRUCK. (ACCIDENT) | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) SEVERE SKULL FRACTURE | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) | |

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|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 130 26 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.) Highway #40 | 21c. (CITY, TOWN, OR TOWNSHIP) St. Charles (COUNTY) St. Charles (STATE) MO |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April, 30, 1956 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Car hit truck |

22. I hereby certify that I attended the deceased from **field inquest May 26 1956**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:22 p.m.**, from the causes and on the date stated above.

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|-----------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|
| 23a. SIGNATURE Morris Mackery (Degree or title) Coroner 3 | 23b. ADDRESS Wentzville, Mo. | 23c. DATE SIGNED May, 26, 1956 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 5-2-56 | 24c. NAME OF CEMETERY OR CREMATORY TUPELO MEMORIAL CEMETERY |
| DATE REC'D BY LOCAL REG. May 26 1956 | REGISTRAR'S SIGNATURE Barrie Hamilton | 24d. LOCATION (City, town, or county) (State) TUPELO MISSISSIPPI |
| 25. FUNERAL DIRECTOR'S SIGNATURE EARL HILLEMANN ADDRESS OVERLAND MO | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1956

JUN 8 1956

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

Carl J. Hillman

Licensed Embalmer No. 350

P. O. Address *Greeland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.