

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19794

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>168</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a: STATE <u>Mo</u> b. COUNTY <u>Monroe</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>54 1/2 hrs. 14 days</u>		c. CITY OR TOWN <u>Tipton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital No. 1 Fulton, Mo</u>				e. STREET ADDRESS (If rural, give location) <u>Unit</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delsia</u>			b. (Middle) _____		c. (Last) <u>Maupin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6 Aug 1877</u>		9. AGE (In years last birthday) <u>78</u> <input type="checkbox"/> UNDER 1 YEAR <u>10</u> <input type="checkbox"/> UNDER 1 MONTH <u>9</u> <input type="checkbox"/> HOURS <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House w/om</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Hunter</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Shalera</u>			14. NAME OF HUSBAND OR WIFE <u>Unit</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unit</u>			16. SOCIAL SECURITY NO. <u>Unit</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records Fulton, Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility, multiple Pressure Sores 7 to 8</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		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>10 May</u> , 1956, to <u>15 June</u> , 1956, that I last saw the deceased alive on <u>15 June</u> , 1956, and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jane Hill (LGSW) M.D.</u>				23b. ADDRESS <u>Fulton, Mo</u>			23c. DATE SIGNED <u>15 June, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/16/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Tipton</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>June-16-1956</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Maupin</u>		ADDRESS <u>Fulton Mo</u>		

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

25 1925

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 *J. J. Rossor*

Licensed Embalmer No. *25*

P. O. Address *Butler*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitute's 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.