

FILED JUL 2 1956 STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newtonia</u>	
c. LENGTH OF STAY (In this place) <u>6 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carter rest home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Delia</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Maples</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 10 1870</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>8 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dyersburg Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W. R. G. Crowe</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. McBride</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. N. Maples</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>Wm. N. Maples</u>		ADDRESS <u>Newtonia, 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>Cardiac Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8</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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4342</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 4-3, 1956, to 6-21, 1956 that I last saw the deceased alive on 6-17, 1956, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Cardwell M.D.</u>		23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>6-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Newtonia, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>June 24, 1956</u>		REGISTRAR'S SIGNATURE <u>M. R. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Marie Louise Wheaton Mo</u>	
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(I, Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton
District File Number 656-102
Date Filed JUN 28 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
Student Embalmer

Signed

W. Morris Tope

Licensed Embalmer No. 3442

P. O. Address Wheeler, 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.