

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

265939

STATE FILE NUMBER

51049-56 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 740

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <b>Springfield</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Handley Memorial</b>			Length of stay in 1b <b>2 1/2 min.</b>		d. STREET ADDRESS <b>919 Hillcrest Handley Memorial</b>
3. NAME OF DECEASED (Type or print) First <b>Billy</b> Middle <b>Eugene</b> Last <b>Maples</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>12</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 12, 1956</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>—</b> Days <b>—</b> Hours <b>—</b> IF UNDER 24 HRS.: Months <b>—</b> Days <b>—</b> Hours <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b>	
13. FATHER'S NAME <b>Richard Maples</b>			14. MOTHER'S MAIDEN NAME <b>Helen Saltkill</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Springfield, Mo.</b> <b>Mrs. Helen Maples 919 Hillcrest</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Remotivity (5 mo)</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> , Year <b>—</b> a.m. <b>—</b> p. m. <b>—</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <b>10:20</b> to <b>Aug. 12, 1956</b> and last saw her alive on <b>Aug. 12, 1956</b> Death occurred at <b>10:20 A. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Earl W. Russell</b>			22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>8-15-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 13, 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn</b>	
23d. LOCATION (City, town, or county) <b>Springfield, Mo.</b>		23e. (State) <b>Mo.</b>			
24. FUNERAL DIRECTOR <b>Ralph Thome - Springfield, Mo.</b>		ADDRESS <b>Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-16-56</b>	
26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>					

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.....  
*Lee Mason*

(No arterial injection)

Licensed Embalmer No. 4568

P. O. Address Springfield

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