

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

40778

FILED DEC 24 1956

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Fulton</u> TOWN		c. CITY OR TOWN <u>Auxvasse</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem Hosp.</u>		d. STREET ADDRESS <u>Residence</u>	
Length of stay in lb <u>1 day</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Obie Dewey Maupin</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>18</u> Year <u>1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 26, 1898</u>		9. AGE (In years last birthday) <u>58</u>	
10a. USUAL OCCUPATION (<i>Give kind of work done during most of working life, even if retired</i>) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Lincoln County Mo.</u>	
13. FATHER'S NAME <u>J. E. Maupin</u>			14. MOTHER'S MAIDEN NAME <u>Ella Bell Evans</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>492 12 5302</u>		17. INFORMANT <u>Mrs. Lila Maupin</u>	
				Address <u>Auxvasse Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 6 Mo.</u>
DUPLICATE (b) <u>Inoperable Nov. 21</u>		
DUPLICATE (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 <u>9:00</u> Month <u>Dec</u> Day <u>18</u> Year <u>56</u> a. m. p. m.					
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 <u>Auxvasse Mo.</u>	
				COUNTY <u>Fulton</u>	
				STATE <u>Mo.</u>	

21. I attended the deceased from Dec 15 to Dec 18 and last saw ^{her} him alive on Dec 18.
Death occurred at 9:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Auxvasse Mo.</u>	22c. DATE SIGNED <u>12-20-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/20/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
24. FUNERAL DIRECTOR <u>Maupin Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 27-1956</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1957

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..... *Glen H. Mays*

Licensed Embalmer No. *27*

P. O. Address *Fraction*

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.