

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12707**

FILED MAY 10 1957

BIRTH NO.		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5430		Registrar's No. 615	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parkway Village		c. LENGTH OF STAY (In this place) 14 yrs.		c. CITY OR TOWN Parkway Village		d. Is 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				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Catharina		b. (Middle) -		c. (Last) Maupin		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27, 1875		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Jeffriesburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry John Schuler		13b. MOTHER'S MAIDEN NAME Catharina Lottmann		14. NAME OF HUSBAND OR WIFE Henry August Maupin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bertha Burnett, St. Clair			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis Sudden				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease 50 yrs					
		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 4200				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 Jan-10, 1957 to 5-6, 1957 , that I last saw the deceased alive on 4-22, 1957 and that death occurred at 86 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. W. E. Kitchell, M.D.				23b. ADDRESS St. Clair Mo		23c. DATE SIGNED 5-7-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/9/57	24c. NAME OF CEMETERY OR CREMATORY Anaconda Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.		
DATE REC'D BY LOCAL REG. 5/9-57		REGISTRAR'S SIGNATURE Alloyd Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Casey-Lenox Funeral Home, St. Clair			

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

5110

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 *H. M. Lenof*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.