

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006538
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 5812 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, give TOWNSHIP and Inside Limits OR TOWN <u>Middletown (Rural) Prairie</u> Yes ☐ No ☒				c. CITY OR TOWN <u>Middletown</u> Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location) <u>2 mi. west of Mid</u> Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) <u>PEARL AGNES (MAUPIN) ALDERSON</u>				4. DATE OF DEATH <u>Mar. 9 1958</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>Mar. 29, 1887</u>	
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>		11. IF UNDER 24 HRS. Hours <u>11</u> Min. <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>—</u>			
11. BIRTHPLACE (City and state or country) <u>Montgomery Co.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>JOHN MAUPIN</u>				14. MOTHER'S MAIDEN NAME <u>MARY MAUPIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>488-42-782</u>		17. INFORMANT <u>Lowell M. Alderson</u> Address <u>Middletown 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>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial heart disease</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>5 days 4 years</u>							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year a. m. <u>—</u> p. m. <u>—</u>				20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>Jan 1 1954</u> to <u>Mar 9, 1958</u> and last saw her alive on <u>Mar 9, 1958</u> Death occurred at <u>6:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. J. Land</u> (Type or title)				22b. ADDRESS <u>Willkumbe Dr</u>			
22c. DATE SIGNED <u>3/4/58</u>				22d. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3-12-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Middletown Mo. Montg Co.</u>	
24. FUNERAL DIRECTOR <u>A. L. L. L.</u> ADDRESS <u>Middletown, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-11-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Joe Chapman</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1958

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.....

Licensed Embalmer No. 44

P. O. Address Bowling Green, Ohio

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