

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008942
STATE FILE NUMBER 341

FILED MAR 31 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Leon Nursing Home</u> INSTITUTION <u>724 Prospect Ave.</u>		Length of stay in 1b <u>33 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1219 N. 26th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mabel</u> Middle <u>Maupin</u> Last <u>Maupin</u>			4. DATE OF DEATH Month <u>March</u> Day <u>25</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 20, 1881</u>	9. AGE (In years last birthday) <u>76</u>	10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>At home</u>	11. BIRTHPLACE (City and state or country) <u>Maryville, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frank. Owens</u>	13b. MOTHER'S MAIDEN NAME (correct) <u>Mary Elizabeth Maupin</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas O. Maupin</u>
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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 <u>Miss. Julia Biehl</u>	Address <u>St. Joseph, Mo.</u>
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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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Thrombosis of coronary artery, reaction of 4 Metacarpals at base, Trauma</u>	<u>20 days -</u>
	DUE TO (c) <u>OB, 7, 56, 78, 92, 100</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Vasomotor Disease</u>		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.) <u>2</u>
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20c. TIME OF INJURY Hour <u>13.1</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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>St. Joseph</u>	COUNTY <u>Buchanan</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>May 6 - 52</u> to <u>Mar 25 - 58</u> and last saw her alive on <u>Mar 8 - 58</u> Death occurred at <u>10:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>T. L. Howard</u>	(Degree or title) <u>0</u>	22b. ADDRESS <u>419 North 2nd St St. Joseph</u>	22c. DATE SIGNED <u>3-27-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 28, 1958.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri.</u>	(State)
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24. FUNERAL DIRECTOR <u>Muehrhoffer - Fleeman, Inc.</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 27, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Doctor, coroner, etc. - must use only - All diseases in Part I must be causally related.

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 *Robert S. Harrington*

Licensed Embalmer No. *3268*

P. O. Address *Hy. Temple*

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.