

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013588
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 50

S. 300
r. 1-57

6001 0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		c. CITY OR TOWN <u>North Kansas City</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NKC Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>114 E. 25th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Dean</u> Last <u>Mauton</u>		4. DATE OF DEATH Month <u>4</u> Day <u>24</u> Year <u>58</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 11 1956</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>18 mos.</u>
11a. BIRTHPLACE (City and state or country) <u>KANSAS CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LAWRENCE MAUTON</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN HAYS PRAMP</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>LAWRENCE MAUTON - 114 E 25th AVE</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>LOBAR PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 HRS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>490X</u>			
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 _____ a.m. _____ p.m. <u>4-24-58</u>			
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		20g. COUNTY STATE	
21. I attended the deceased from <u>4-24-58 (5pm)</u> and last saw <u>him</u> alive on <u>4-24-58</u> Death occurred at <u>NKC MEMORIAL Hospital</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J.A. Pileggi M.D.</u>		22b. ADDRESS <u>1806 Swift NK.C. 16, MO</u>	
22c. DATE SIGNED <u>4-25-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-26-58</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Boonville Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Paradise MO</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SON'S N.K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>4-26-58</u>	
26. REGISTRAR'S SIGNATURE <u>Marquette Audgens</u>			

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 Glenn H. Rice

Licensed Embalmer No. 4586
P. O. Address K.C. 14, 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.