

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017556

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 59 Primary Registration District No. 4102 Registrar's No. 71

S. 300
V. 1-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Creighton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Creighton</u> <u>0190</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at the home</u>		Length of stay in 1b <u>15 years</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Priscilla Pearl Maupin</u>			4. DATE OF DEATH Month Day Year <u>5 22 1958</u>		
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5. SEX <u>female</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 25, 1904</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Mfg. Co.</u>	11. BIRTHPLACE (City and state or country) <u>Creighton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ira L. Crotchett</u>	13b. MOTHER'S MAIDEN NAME <u>Priscilla Morlan</u>	14. NAME OF HUSBAND OR WIFE <u>John A. 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>569-21-6416</u>	17. INFORMANT Address <u>Creighton, Missouri</u> <u>Mr. Vernon Maupin</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>Adeno-Carcinoma (Colon)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 Mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	<u>1538</u>	
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"/> <u>2</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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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 COUNTY _____ STATE _____
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21. I attended the deceased from <u>Jan. 6, 1957</u> to <u>May 22, 1958</u> and last saw <u>her</u> alive on <u>May 22, 1958</u> Death occurred at <u>515 P.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles L. Weber D.O.</u> <u>2</u>	22b. ADDRESS <u>Creighton, Mo.</u>	22c. DATE SIGNED <u>5/23/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grant Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Creighton, Missouri</u>
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24. FUNERAL DIRECTOR <u>Atkinson-Hixey</u>	ADDRESS <u>Stouder City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 25 1958</u>	26. REGISTRAR'S SIGNATURE <u>Nora Barnard</u>
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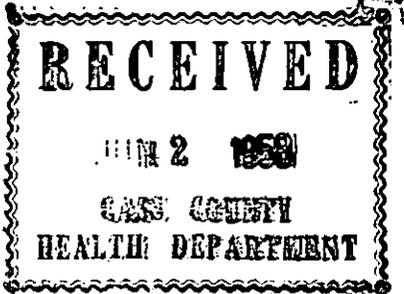
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JUN 4 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 *Perry J. Lister* Licensed Embalmer No. 4685

P. O. Address *Hardy City,*

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.