

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038536
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 324 Primary Registration District No. 3079 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Slater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp.		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) East Maple Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Walter Middle (none) Last Maupin			4. DATE OF DEATH Month Oct. Day 13, Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1885 January 11, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Namrath, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harrison Maupin			14. MOTHER'S MAIDEN NAME Annie (dk)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Ross Maupin, Slater, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Upper States Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 12
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Basal Pneumonia (10/2/58)	17 1/2/58	
	DUE TO (c) Hydro Nephrosis (Bladder Stone)	4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 604X			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.)		
20c. TIME OF INJURY Hour a. m. p. m.			

20d. INJURY OCCURRED WHILE AT WORK <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 Slater Mo	COUNTY Mo	STATE Mo
21. I attended the deceased from Oct 3 1958 to Oct 13 58 and last saw her alive on Oct 12/58 Death occurred at 10 30 AM on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. L. Slater (Degree or title)		22b. ADDRESS Slater Mo		22c. DATE SIGNED Oct 13 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/15/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Morigh	23d. LOCATION (City, town, or county) (State) Slater, Missouri	
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.		ADDRESS Slater, Mo.	25. DATE RECD. BY LOCAL REG. 10-14-58	26. REGISTRAR'S SIGNATURE Carl G. Neal

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter J. Laine*.....

Licensed Embalmer No.....

P. O. Address

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.