

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044750
STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 172 Primary Registration District No. 5642 4272 Registrar's No. 2

S. 300 3
1-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middleton Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City 7000
c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION 2 miles west of Waverly		Length of stay in hospital	d. STREET ADDRESS 1223 Washington

3. NAME OF DECEASED (Type or print) First Middle Last John Thomas Mauldin			4. DATE OF DEATH Month Day Year Dec. 23, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1909	9. AGE (In years past birthday) 49	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 tired) Maintenance man	10b. KIND OF BUSINESS OR INDUSTRY apartments	11. BIRTHPLACE (City and state or country) Texas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Webb
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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)	16. SOCIAL SECURITY NO. 456-26-0977	17. INFORMANT Monroe Webb	Address Oak Grove, Mo.
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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) Basal Skull Fracture Crushing injury to chest Fracture of ribs & skull Abdominal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrown from car when it was wrecked		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) Driving north on State highway no 23. Wrecked when he drove across railroad highway 24 & struck the north bank & was thrown from the car 054	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Waverly Mo on 24 highway	

20e. CITY, TOWN, OR LOCATION Waverly Lafayette Mo	20f. COUNTY Lafayette	20g. STATE Mo
21. I attended the deceased from at the death to _____ and last saw him alive on never Death occurred at about 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE M. Martin M.D. Coroner 3	22b. ADDRESS Odena Mo	22c. DATE SIGNED 12-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-11-59	23c. NAME OF CEMETERY OR CREMATORY Kirksville College of Osteopathy	23d. LOCATION (City, town, or county) (State) Kirksville Mo.
24. FUNERAL DIRECTOR Barley Tom Home, Waverly Mo.	25. DATE RECD. BY LOCAL REG. Jan. 12. 1959	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan	

(Licensed Embellisher's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 James F. Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.