

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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FILED VS DEC 3 0 1959 69

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 5273 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Porter Township</u>	Length of stay in 1b <u>49 years</u>	c. CITY OR TOWN <u>Nixa, MO</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, Milk Barn</u>		d. STREET ADDRESS (If outside, give location) <u>6 miles West of Nixa</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ivan</u> Middle <u>Birch</u> Last <u>Maples</u>			4. DATE OF DEATH Month <u>December</u> Day <u>13</u> Year <u>1959</u>		
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5. SEX <u>Male</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>August 15, 1910</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman &amp; Dairy</u>	11. BIRTHPLACE (City and state or country) <u>Nixa, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Andrew Abram Maples</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Leona Forbis</u>	14. NAME OF HUSBAND OR WIFE <u>Emmel Wolfe</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>486 24 4824</u>	17. INFORMANT <u>Mrs. Emmel Maples, RFD, Nixa, Missouri</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>Gunshot Wound in Head</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Deceased placed a 22 Cal. Automatic Pistol just over right ear</u>
20c. TIME OF INJURY <u>3:00</u> <sup>Hour</sup> <u>11/13/59</u> <sup>Month, Day, Year</sup> <u>xx</u> <sup>p.m.</sup>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>milkbarn of farm</u>	20f. CITY, TOWN, OR LOCATION <u>Porter Tusp.</u>	COUNTY <u>Christian</u>	STATE <u>Missouri</u>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at 3:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. Dean Harris</u>	(Degree or title) <u>Coroner, Christian County</u>	22b. ADDRESS <u>Clever, Missouri</u>	22c. DATE SIGNED <u>11/16/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/16/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Delaware Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Nixa, Missouri</u>
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24. FUNERAL DIRECTOR <u>J. Dean Harris, Clever, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 24, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Oline Hutter</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.