

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

337 = 62-026316
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 337

DO NOT WRITE ON THIS SUB

AMENDED

VS 300
Rev. 4/59

1 0168
2 0160
3
4 0
5 1
6
7 0
8 0
9 4681
10
11
12 1-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED AUG 8 1962 a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		Length of stay in lb	c. CITY OR TOWN <u>OAK RIDGE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>OAK RIDGE</u>
3. NAME OF DECEASED (Type or print) First <u>HERMAN</u> Middle <u>H.</u> Last <u>MAINTZ</u>		4. DATE OF DEATH Month <u>7</u> Day <u>24</u> Year <u>62</u>	
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>MAY 30, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COUNTY ROAD WORKER AND</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>76</u>
13a. FATHER'S NAME <u>CHARLES MAINTZ</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE HAUPT</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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.	14. NAME OF HUSBAND OR WIFE <u>HAZEL MAINTZ</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>BRONCHIAL PNEUMONIA</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MESENTERIC LYMPHADENITIS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PROSTATIC HYPERTROPHY; NEPHROSIS; SENILITY</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>		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	COUNTY STATE
21. I attended the deceased from <u>July 22, 1962</u> to <u>July 23, 1962</u> and last saw ^{her} him alive on <u>July 23, 1962</u> Death occurred at <u>2:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Henry J. Ryon D.O.</u> (Degree or title)		22b. ADDRESS <u>105 S. SPANISH Cape Girardeau, Missouri</u>	22c. DATE SIGNED <u>7/24/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 25, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>
24. FUNERAL DIRECTOR <u>CRACRAFT-MILLER, JACKSON, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Aug. 4-62</u>	26. REGISTRAR'S SIGNATURE <u>Irvin Kasten</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 *H. C. Cunniff*

Licensed Embalmer No. 4327

P. O. Address *London, 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.