

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34785**

REC'D OCT 21 1952

BIRTH NO.		REG. DIST. NO. 131	PRIMARY REG. DIST. NO. 3023	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY Henry County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton, Missouri		c. LENGTH OF STAY (in this place) 1 month	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) E		a. (First) M	b. (Middle) Maupin	c. (Last) Maupin
4. DATE OF DEATH (Month) (Day) (Year) October 11, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct., - 1884	9. AGE (in years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist		10b. KIND OF BUSINESS OR INDUSTRY Optometrist	11. BIRTHPLACE (City and State or Foreign Country) Bolivar, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James R. Maupin		13b. MOTHER'S MAIDEN NAME Alice Staples	14. NAME OF HUSBAND OR WIFE Deceased	
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.	17. INFORMANT'S SIGNATURE OR NAME Larry Maupin, Montrose Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from 11 Sept., 1952 , to 11 Oct., 1952 , that I last saw the deceased alive on 10 Oct., 1952 , and that death occurred at 3:15 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) G. W. Ireland J. Hl.		23b. ADDRESS Clinton, Missouri	23c. DATE SIGNED 11 Oct. 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/12/52	24c. NAME OF CEMETERY OR CREMATORY Humansville	24d. LOCATION (City, town, or county) (State) Humansville Mo.	
DATE REC'D BY LOCAL REG. Oct. 12-52	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE G. B. Ireland	ADDRESS Clinton, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0422

APR 17 1963

JUL 15 1953

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
Student Embalmer

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Greenville, MS

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 this body is not embalmed, fact should be so stated above.