

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9709

FILED APR 5 1954		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3086</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. LENGTH OF STAY (In this place) <u>2 Da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAPLATA MO</u>		0610 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>72</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>PALMER</u> c. (Last) <u>MAITLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25, 1954</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 16, 1885</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERINARIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES MAITLAND</u>			13b. MOTHER'S MAIDEN NAME <u>ADAH STARK</u>		14. NAME OF HUSBAND OR WIFE <u>BESS MAITLAND</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOWARD MAITLAND</u> ADDRESS <u>LAPLATA MO</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <u>Mar 23, 1953</u> , to <u>March 25, 1954</u> , that I last saw the deceased alive on <u>25 Mar 1954</u> and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos S. Fleming</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>3/30/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laplate Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laplate MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 27-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Laplate MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1954

**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 *Kenneth M. Wilson*

Licensed Embalmer No. *4701*

P. O. Address *Plato Md.*

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.