

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36072

FILED OCT 25 1949

BIRTH NO. 21754-49 REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6199 Registrar's No. 95-

1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>TEXAS 107</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Clinton twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mtn Grove, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>1</b>		d. STREET ADDRESS (If rural, give location) <b>Halfes East of Mtn Grove, Mo. 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Visiting Relatives-</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sandra</b> b. (Middle) <b>Fay</b> c. (Last) <b>MAUPIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 18 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	
8. DATE OF BIRTH <b>May 12, 1949</b>		9. AGE (In years last birthday) <b>4</b>		10. IF UNDER 1 YEAR Months Days <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Phillip MAUPIN</b>		13b. MOTHER'S MAIDEN NAME <b>Idene Adamson</b>		14. NAME OF HUSBAND OR WIFE <b>Unmarried, Infant</b>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Phillip Maupin Mtn Grove</b>	

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) <b>Sublocation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Overing from bed falling over fall</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>E924<sup>h</sup></b>  <b>18</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>FEUNATIONAL MO, MISSOURI</b>	
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? <b>Smothered while sleeping</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D. J. V. Cannon</b>		23b. ADDRESS <b>Mountain View Mo</b>		23c. DATE SIGNED <b>18 Sept 1949</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 18<sup>th</sup> 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Love Star</b>	
24d. LOCATION (City, town, or county) (State) <b>Mtn Grove, Mo</b>					

DATE REC'D BY LOCAL REG. <b>Oct 12, 49</b>		REGISTRAR'S SIGNATURE <b>Gaynell Cunningham</b>		375 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Barker Mtn Grove, Mo.</b>	
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RECEIVED OCT 10 1949

District Health Office No. 6,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

*Re*  
*L*  
*Re*  
*J*  
*10*  
*J*

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.

Signed *Russell Barber*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3848*

P. O. Address *Maple Grove, Minn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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