

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7351

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 0181 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural--Penn Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home--1/2 mi. SW Green City		d. STREET ADDRESS (If rural, give location) 1/2 mi. South West Green City	
3. NAME OF DECEASED (Type or Print) a. (First) Oral b. (Middle) B. c. (Last) Maupin		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1880.
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Decorator Home Decorating		10b. KIND OF BUSINESS OR INDUSTRY Missouri	11. BIRTHPLACE (State or foreign country) 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME P. O. Maupin	
13b. MOTHER'S MAIDEN NAME Cellie Ash		14. NAME OF HUSBAND OR WIFE Tena F. Maupin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Tena F. Maupin, Green City, Mo		ADDRESS	
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) Intestinal Hemorrhage ANTECEDENT CAUSES Cirrhotic Liver Morbidity 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. Prostatic enlargement & cystitis	
INTERVAL BETWEEN ONSET AND DEATH 3 days		4 years	
5810		2 weeks	
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 <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 Nov. 19, 1947, to Feb. 14, 1950, that I last saw the deceased alive on Feb. 13, 1950, and that death occurred at 4 A. M., from the causes and on the date stated above.			
23a. SIGNATURE R. D. Smith M.D.		23b. ADDRESS Green City, Mo	23c. DATE SIGNED 2/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Green City, Mo.
DATE REC'D BY LOCAL REG. Feb. 17, 1950	REGISTRAR'S SIGNATURE Laura Battell	25. FORMAL DIRECTOR'S SIGNATURE Glenn E. Kent	ADDRESS Green City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1050
1

1050

FEB 20 1950

RECEIVED

District Health Officer No. 1

District File Number 2-50-30

FEB 20 1950

Date Filed _____

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.