

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32292
85

BIRTH NO. _____ REG. DIST. NO. 937 PRIMARY REG. DIST. NO. 6142 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Shelby Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Clarence, Mo. Rural		c. CITY (If outside corporate limits, write RURAL and give township) Clarence Jefferson Twsp.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 4 miles S.E. of Clarence	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) ENOCH MARION MAUPIN			4. DATE OF DEATH (Month) (Day) (Year) 10-2-1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-12-1867	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtr. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Shelby Co.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bolivar Maupin	13b. MOTHER'S MAIDEN NAME Salina Miller	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. X	17. INFORMANT'S SIGNATURE OR NAME Georgia Maupin, Clarence, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture of tibia & fibula		
	DUE TO (c) Senile Osteoporosis		
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 102 E9040 21	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) Sept 27 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell & broke leg

22. I hereby certify that I attended the deceased from **27 Sept 1951**, to **Oct 2, 1951**, that I last saw the deceased alive on **Oct 2, 1951**, and that death occurred at **5:17 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Mr. Gladys Lawrence	(Degree or title)	23b. ADDRESS Shelbina Mo.	23c. DATE SIGNED Oct 6, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-4-1951	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cmty.	24d. LOCATION (City, town, or county) (State) Shelby Co., Mo.

DATE REC'D BY LOCAL REG. 10-6-51	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE Brakeley-Hawkins, Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1020

Date Received: OCT 8 1951

DISTRICT HEALTH OFFICE #2

District File Number 10-54-178a

Date Filed: OCT 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. W. Hawkins

Signed _____
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address. *Shelburne - 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.