

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34820

State File No. ....

**FILED** OCT 27 1952

0450

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5543</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>					
b. CITY OR TOWN <u>RURAL BOONSLICK</u>		c. LENGTH OF STAY (In this place) <u>86 yrs</u>		c. CITY OR TOWN <u>Rural Boonslick</u>		<u>0450</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Mi south Glasgow</u>				d. STREET ADDRESS (If rural, give location) <u>12 mi south Glasgow</u>					
3. NAME OF DECEASED (Type or Print) <u>MADORA MAUPIN</u>			a. (First) <u>MADORA</u>		b. (Middle) <u>MAUPIN</u>		c. (Last) <u>WILKES</u>		
4. DATE OF DEATH <u>Oct. 14, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>APR 14, 1866</u>	
9. AGE (In years last birthday) <u>86</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Wilton Maupin</u>			13b. MOTHER'S MAIDEN NAME <u>Haney Farrell</u>			14. NAME OF HUSBAND OR WIFE <u>John H. Wilks (deceased)</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>Vernal Anderson</u>		17. ADDRESS <u>Glasgow, 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>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u>				DUE TO (c) <u>18 mo.</u>	
				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 <u>151X</u>						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) _____		21c. (COUNTY) _____		21c. (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>June</u> , 19 <u>48</u> , to <u>Oct 14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 14</u> , 19 <u>52</u> , and that death occurred at <u>1:05 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. C. Homb</u>				23b. ADDRESS <u>Glasgow</u>		23c. DATE SIGNED <u>10-15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) <u>Howard County</u>		24d. (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-15-52</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Audsley - Friemuth</u>		25. ADDRESS <u>Glasgow</u>			

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

**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. Walker Ainsley*

Licensed Embalmer No. *3336*

P. O. Address *Glasgow 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.