

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18621**

FILED JUN 5 1953

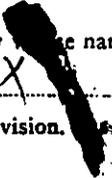
BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **551**

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

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Linn | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 233 E. Crocker | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline | |
| f. STREET ADDRESS 233 E. Crocker | | g. (If rural, give location) 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Gay b. (Middle) Duval c. (Last) Duval | | 4. DATE OF DEATH (Month) (Day) (Year) May 18, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 6, 1888 |
| 9. AGE (In years last birthday) 65 | | 10. IF UNDER 1 YEAR (Months) 4 | 11. IF UNDER 2 HRS. (Hours) 12 (Mins.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Mike, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME Robert S. Maupin | | 13b. MOTHER'S MAIDEN NAME Mary Ellen Rick | |
| 14. NAME OF HUSBAND OR WIFE James | | | |
| 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 James Duvall | | ADDRESS Marceline, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE CEREBRAL HEMORRHAGE | | INTERVAL BETWEEN ONSET AND DEATH SUDDEN | |
| ANTECEDENT CAUSES ARTERIO SCLEROSIS | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| II. OTHER SIGNIFICANT CONDITIONS - None | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: 331x | |
| 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 JUNE 10, 1952 to MAY 18, 1953 , that I last saw the deceased alive on MAY 1, 1953 , and that death occurred at 10:00 A. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Paul T. Berry M.D. (Degree or title) | | 23b. ADDRESS Marceline, Mo | |
| 23c. DATE SIGNED 5-20-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/21/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Marceline, Mo. | |
| DATE REC'D BY LOCAL REG. 5-20-53 | | REGISTRAR'S SIGNATURE 401-0 | |
| FUNERAL DIRECTOR'S SIGNATURE Gas McLaughlin | | ADDRESS Marceline, Mo | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body  the name is recorded on the reverse side of this certificate was embalmed by me, or by X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.