

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 7

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0 450</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paddy</u>	b. (Middle) <u>Worth</u>	c. (Last) <u>Maupin</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb.</u> <u>19</u> , <u>1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1/16/1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R. R. Station Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telegraph Operator</u>	11. BIRTHPLACE (State or foreign country) <u>Howard County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Columbus Maupin</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Evans</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>709-12-0474</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs P. W. Maupin Armstrong Mo.</u>	ADDRESS <u>Mo.</u>
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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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs</u> <u>2:14 PM</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1, 1952, to Feb 19, 1955, that I last saw the deceased alive on Feb 18, 1955 and that death occurred at 8:20 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Francis J. Dean</u> (Degree or title) <u>M.D. Fayette, Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>2-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/21/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Armstrong Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-22-55</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u> 410	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5001

MAR 17 1955

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 _____

Ralph A. Carr

Signed
Student Embalmer

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.