

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25910**

FILED AUG 21 1956

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 163	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (If in institution) 3 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg		8240	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phillips Rest Home				d. STREET ADDRESS (If rural, give location) no street address			
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE			b. (Middle) CORNELIA		c. (Last) MAUPIN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 12 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 10, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (City and State or Foreign Country) Farber, Audrain, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas Dougherty		13b. MOTHER'S MAIDEN NAME Cornelia Stone		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Margaret Crow, Mexico, 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) Adenocarcinoma Rectum				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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 Adenocarcinoma Rectum				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) 154X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 4-25, 1956 , to 8-12, 1956 , that I last saw the deceased alive on 8-12, 1956 and that death occurred at 8:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Howard Hains, M.D.				23b. ADDRESS 209 E. Jackson, Mexico, Mo.		23c. DATE SIGNED 8/14/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 14 1956	24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery		24d. LOCATION (City, town, or county) (State) Farber, Audrain, Missouri		
DATE REC'D BY LOCAL REG. 9-0 Aug. 14, 1956		REGISTRAR'S SIGNATURE Blanche Neely		25. PHYSICIAN OR DIRECTOR'S SIGNATURE AND ADDRESS A. B. Hill, Wellsville, Mo			

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

MAR 13 1957

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 _____

Licensed Embalmer No. 1588

P. O. Address Wellsville

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.