

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

208748

State File No.

No. 300
10.48

FILED APR 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Franklin, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Franklin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				STREET ADDRESS <u>0460</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Lee</u> c. (Last) <u>Maupin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10-57</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>May 14-1903</u>	9. AGE (In years, last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Carpenter Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and State or Foreign Country) <u>Bonifant Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ramsay Maupin</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Hendrix</u>		14. NAME OF HUSBAND OR WIFE <u>Irelia M. Jackson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>496-12-7209</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mable Maupin</u> ADDRESS <u>Franklin 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>Carcinomatous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 m</u> <u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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 <u>Sept</u> , 19 <u>56</u> , to <u>4-10</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>56</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. P. Keach M.D.</u> (Degree or title)				23b. ADDRESS <u>Franklin, Mo.</u>		23c. DATE SIGNED <u>4-16-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 12-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonifant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bonifant Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-16-57</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Hall</u> ADDRESS <u>New Franklin</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

436
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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.....
Signature of Student Embalmer

Signed *H. L. Hall*.....

Licensed Embalmer No. *351*

P. O. Address *New Frank*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.