

Health, Welfare Public Service

*Maude Fields*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **32604**

FILED OCT 14 1957 Registration District No. **181** Primary Registration District No. **5840** Registrar's No. **233**

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Chillicothe</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Chillicothe</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Chillicothe Hosp</b>		Length of stay in lb <b>104W.</b>	d. STREET ADDRESS (If outside, give location) <b>428 Washington</b>
3. NAME OF DECEASED (Type or print) First <b>Maude</b> Middle Last <b>Fields</b>			4. DATE OF DEATH Month <b>9</b> Day <b>26</b> Year <b>57</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4 4 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
13a. FATHER'S NAME <b>J. J. Fields</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Street</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>499 20 1184</b>	17. INFORMANT Address <b>Mrs. Claude Manning Chillicothe</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Casusoma of Pancreas</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>157X</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>July 1, 1957</b> to <b>Sept 26</b> and last saw her alive on <b>Sept 26, 1957</b> Death occurred at <b>8:00 P.M.</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <i>M. A. D. [Signature]</i>		(Degree or title)	22b. ADDRESS <b>Chillicothe Mo</b>
22c. DATE SIGNED <b>9/28/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9 29 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Purdin Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Purdin, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wade Funeral Home Browning, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9/28/57</b>	26. REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, contour, etc. must be clearly stated in Part 18. No symptoms will be stated. All diseases in Part 1 must be causally related.

MAY 16 1958

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 *Gerald F Wade* .....

Licensed Embalmer No. *4172* .....  
P. O. Address *Brown* .....

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.