

STANDARD CERTIFICATE OF DEATH

29901-58
58-017231
STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 120

5. 300
1-57

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, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico 00430 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 27 hours	d. STREET ADDRESS (If outside, give location) 327 Jefferson Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Michael Middle McGall Last Maupin			4. DATE OF DEATH Month May Day 31 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Mexico, Missouri
13a. FATHER'S NAME Floyd Mac Maupin		13b. MOTHER'S MAIDEN NAME Helen Black	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Floyd M. Maupin Address Jefferson Rd. Mexico, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital debility - acute respiratory failure			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity - 6 weeks 2 weeks -			-
DUE TO (c) Premature labor.			7735 9
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 7:30 Month 5 Day 31 Year 1958 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 Mexico COUNTY Audrain STATE Missouri
21. I attended the deceased from 5-29-58 to 5-31-58 and last saw ^{him} alive on 5-30-58 Death occurred at 5-31-58 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arny F. O'Brien M.D. (Degree or title)		22b. ADDRESS Memor, Missouri	22c. DATE SIGNED 5-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-31-1958	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. May 31-1958	26. REGISTRAR'S SIGNATURE Blanche Geely

Doctor, coroner, etc.: Must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *Rep Miller*

Licensed Embalmer No. *4492*
P. O. Address *Medico*

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.