

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036010**

**FILED VS NOV 2 1959 140**

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 94

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Length of stay in 1b <u>7 hours</u>		c. CITY OR TOWN <u>Armstrong</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>The Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 mi s.e. Armstrong</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) <u>WAYNE CARROL MAUPIN</u>				<b>4. DATE OF DEATH</b> Oct. 28, 1959				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Aug. 1, 1886</u>	<b>9. AGE (last birthday)</b> <u>73</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Gen. Farming</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Howard Co. Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>Columbus Maupin</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Ann Miller</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lois (Turman) Maupin</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b> <u>Not available</u>		<b>17. INFORMANT</b> Address <u>Mrs. W. C. Maupin Armstrong</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								
IMMEDIATE CAUSE (a) <u>Uremia,</u>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>nephrosclerosis</u>						
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE	
<b>21. I attended the deceased from</b> <u>Jan 15 1937</u> to <u>Oct 25 1959</u> and last saw him alive on <u>Oct 28 1959</u> Death occurred at <u>10:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <u>James D. Dean MD</u>				<b>22b. ADDRESS</b> <u>Fayette, Mo</u>			<b>22c. DATE SIGNED</b> <u>10-31-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Nov. 1, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Grove</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Armstrong</u>		(State) <u>Mo</u>	
<b>24. FUNERAL DIRECTOR'S ADDRESS</b> <u>Aubrey, Fremont, Glasgow Mo</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-31-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Katherine Welch</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

