

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039149

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 316

FILED NOV 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Fulton	Length of stay in 1b 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Brocks Trailer Ct.
3. NAME OF DECEASED (Type or print) First Middle Last Tiny Belle Maupin		4. DATE OF DEATH Month Day Year Nov. 2, 1963	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-14-86
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Baron County, Ky,
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Callahan	
13b. MOTHER'S MAIDEN NAME Elizabeth Johnson		14. NAME OF HUSBAND OR WIFE Wm. Edgar Maupin	
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.	
17. INFORMANT W. E. Maupin,		Address Fulton, 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) Cerebral Thrombosis, recurrent			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
DUE TO (b) Chronic cerebral artery stenosis			2 years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes, Chronic renal disease.			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 1958 to death and last saw her ^{her} alive on Nov 1, '63 Death occurred at 535 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George W. Groce M.D.		22b. ADDRESS Fulton, Mo	
22c. DATE SIGNED 11/4/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-5-63	
23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gdns		23d. LOCATION (City, town, or county) (State) Fulton, Mo.	
24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5 - 1963	
26. REGISTRAR'S SIGNATURE Marjette Lawrence			

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1963

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 Thomas M Emmora

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

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.