

FILED JAN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1902

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Tipton</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>Tipton</u>	d. STREET ADDRESS (If rural, give location) <u>no street address</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no street number</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT-</u> b. (Middle) <u>MAU</u> c. (Last) <u>PINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 12-1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>2 NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 9, 1876</u>	9. AGE (in years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAIL ROAD LABORER RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>TIPTON-MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JACKSON-MAUPINS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CAREY</u>	14. NAME OF HUSBAND OR WIFE <u>DELPHIA-MAUPINS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.M. Maupin</u>	ADDRESS <u>Tipton Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	MEDICAL CERTIFICATION	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>491X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to Jan. 12, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. Potts M.D.</u>	(Degree or title)	23b. ADDRESS <u>Tipton, Mo.</u>	23c. DATE SIGNED <u>12/12/51</u>
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24a. BURIAL CREMATION, REMOVAL, (Specify)	24b. DATE <u>1-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TIPTON COLORED</u>	24d. LOCATION (City, town, or county) (State) <u>TIPTON, MISSOURI</u>
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DATE RECD BY LOCAL REG <u>Jan 17-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>Jessie E. Richards</u>	ADDRESS <u>Tipton Mo.</u>
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RECEIVED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-22-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Jessie E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lipton 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 this body is not embalmed, fact should be so stated above.