

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043620

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 173

S. 300
1-57

All diseases in Part I must be causally related.
 Secondary, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		c. CITY OR TOWN Boonville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 N. 8th. Street		d. STREET ADDRESS (If outside, give location) 110 North 8th. Street	
3. NAME OF DECEASED (Type or print) First HENRY Middle MAUPINS Last MAUPINS		4. DATE OF DEATH Month December Day 22nd Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October, 16. 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wagon Maker		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Tipton, Missouri
13a. FATHER'S NAME Jackson Maupins		13b. MOTHER'S MAIDEN NAME Elizabeth Carey	14. NAME OF HUSBAND OR WIFE Bessie Maupins (deceased)
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 Russell M. Maupins (Brother) K.C. 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) Abdominal carcinomatosis - site undetermined unknown			INTERVAL BETWEEN ONSET AND DEATH
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)			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.) 1992	
20c. TIME OF INJURY Hour _____ 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 12-11-58 to 12-24-58 and last saw ^{her} him alive on 12-14-58 Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William A. Alsh, MD (Registrar title)		22b. ADDRESS 329 Main St. Boonville, Mo	
22c. DATE SIGNED 12-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 26, 1958	
23c. NAME OF CEMETERY OR CREMATORY Tipton Cemetery		23d. LOCATION (City, town, or county) (State) Tipton, Missouri	
24. FUNERAL DIRECTOR Jesse B. Richards-TIPTON MO		25. DATE RECD. BY LOCAL REG. 12/24/58	
26. REGISTRAR'S SIGNATURE D. Hooper			

JAN 5 1959

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 *Jewell E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Tipton, 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.