

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

607

State File No.

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5258 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <u>22</u>	
b. CITY OR TOWN <u>RURAL-WEST BENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE 1, ROGERSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>MAXLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 19 49</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH <u>UNKNOWN</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			9. AGE (In years last birthday) <u>74</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13. NAME OF HUSBAND OR WIFE <u>LIZA</u>		

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LIZA</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>MRS. EVERETT WATTS</u> ADDRESS <u>ROGERSVILLE</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension 42 yrs</u> DUE TO (c) <u>Arterio-Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from June 1946, to January 19, 1949, that I last saw the deceased alive on Jan. 17, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. R. Schultz, M.D.</u>		23b. ADDRESS <u>Fredwood, Mo.</u>		23c. DATE SIGNED <u>1/31/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN COUNTY Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 2-49</u>		REGISTRAR'S SIGNATURE <u>Gillie Barr</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley-Turrell-Bergman, Rogersville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22
0
7

RECEIVED

District Health Officer No. 6.

District File Number 249-157

Date Filed 2-4-49

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.

Signed _____
Student Embalmer

Signed H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Portland, Me.

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.