

FILED JUL 20 1949

STANDARD CERTIFICATE OF DEATH

State File No.

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>157</u> | | PRIMARY REG. DIST. NO. <u>5586</u> | | Registrar's No. <u>123</u> | | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | | | |
| a. COUNTY JASPER | | b. CITY (If outside corporate limits, write RURAL and give town) "Rural" Marion | | a. STATE Missouri | | b. COUNTY Jasper | | | |
| c. LENGTH OF STAY (in this place) Lifetime | | c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Marion | | d. STREET ADDRESS (If rural, give location) Route #1 Reeds, Mo. | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Reeds, Mo. | | | | d. STREET ADDRESS (If rural, give location) Route #1 Reeds, Mo. | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Simmeon | | b. (Middle) Adolphus | | c. (Last) MAXWELL | | | |
| 4. DATE OF DEATH | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | |
| 8. DATE OF BIRTH Nov. 9, 1882 | | 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 11. BIRTHPLACE (State or foreign country) East of Carthage, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME W. C. Maxwell | | 13b. MOTHER'S MAIDEN NAME Sarah A. Landers | | 14. NAME OF HUSBAND OR WIFE Jessie Ullom Maxwell | | | |
| 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. No | | 17. INFORMANT'S SIGNATURE OR NAME Jessie U. Maxwell | | ADDRESS Route #1 Reeds, Mo. | | | |
| 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. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X | |
| 19a. DATE OF OPERATION June 15, 49 | | 19b. MAJOR FINDINGS OF OPERATION Cancer of Colon, Metastasis Generalized | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) None | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from June 8, 1949 to July 13, 1949 , that I last saw the deceased alive on June 12, 1949 , and that death occurred at 7:15 P. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) George H. Wood M.D. | | 23b. ADDRESS Carthage Mo | | 23c. DATE SIGNED 7/14/49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | |
| 24b. DATE 7-17-49 | | 24c. NAME OF CEMETERY OR CREMATORY Jasper Cemetery | | 24d. LOCATION (City, town, or county) (State) S.E. of Carthage, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer | | | |
| DATE REC'D BY LOCAL REG. 7-15-49 | | REGISTRAR'S SIGNATURE L. B. Clinton M.D. | | ADDRESS Carthage, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer | | | |

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

RECEIVED 7-18-49
Jasper County Health Office

County File Number 49-7-548

Date Filed 7-19-49

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Geo. C. Pugh*

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.