

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4325

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Kansas City</u> )		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3920 Agnes</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3920 Agnes</u>									
3. NAME OF DECEASED (Type or Print) <u>Arthur</u>			a. (First) <u>E.</u>		b. (Middle) <u>Maxwell</u>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1949</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 6, 1874</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired mail clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railways</u>			11. BIRTHPLACE (State or foreign country) <u>Buffalo, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Martin Maxwell</u>			13b. MOTHER'S MAIDEN NAME <u>Belinda Cusey</u>			14. NAME OF HUSBAND OR WIFE <u>Eva A. Maxwell</u>			
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>Eva A. Maxwell</u> ADDRESS <u>3920 Agnes Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>				ANTECEDENT CAUSES				12 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				-Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>coronary occlusion</u>	
				DUE TO (c) <u>arteriosclerotic coronary artery dis.</u>				3 plus yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Oct. 6</u> , 19 <u>49</u> , to <u>Oct. 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct. 6</u> , 19 <u>49</u> , and that death occurred at <u>5:15A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Robt. J. Boddy M.D.</u> (Designate by title)				23b. ADDRESS <u>217 Plaza Time Bldg.</u>			23c. DATE SIGNED <u>10-7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-10-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek Blvd</u>				

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

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

WRITE PLAINLY—USING UNFADING

case, injury, or complication which caused death.		DUE TO (c) <u>arteriosclerosis coronary Dis</u> <u>J.F.M.</u>	
II. OTHER SIGNIFICANT CONDITIONS		None.	
Conditions contributing to the death but not related to the disease or condition causing death.		None.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	None		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
(Specify) None		<u>Kansas City Jackson</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> - NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
None			
22. I hereby certify that I attended the deceased from <u>Oct 6, 1949</u> to <u>Oct 7, 1949</u> , that I last saw the deceased alive on <u>Oct 6, 1949</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED	
<u>Robt. J. Boody M. D.</u> <u>1004 1/2 Woods Blvd.</u>	<u>217 Plaza Pine Bldg.</u>	<u>Oct 7, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>OCT-10-1949</u>	<u>MT. MORIAH CEMETERY</u>	<u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>10-10-49</u>	<u>Sheldine Holmes</u>	<u>D.W. Newcomer's Sons</u> <u>1331 BRUSH GREEN BLVD.</u> <u>KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Robert Rupp*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*4182*

P. O. Address.....

*Kansas City, 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.