

FILED FEB 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3629

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY **VERNON**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada**
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **East Cherry Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Vernon**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada** 1082
d. STREET ADDRESS (If rural, give location) **4 East Cherry Street**

3. NAME OF DECEASED
(Type or Print) a. (First) **OTTIE** b. (Middle) **LILLBURN** c. (Last) **MAXWELL**

4. DATE OF DEATH (Month) (Day) (Year)
JAN. 18 1950

5. SEX **Male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **April 13 1878**

9. AGE (In years last birthday) **71**

IF ORDER: YEAR Months Days IF ORDER: 24 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
James Maxwell

13b. MOTHER'S MAIDEN NAME
Margaret Mc Fall

14. NAME OF HUSBAND OR WIFE
Velva Lea Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Katie Maxwell 3826 Olive K.C.

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) **Cerebral hemorrhage (2)**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive**
DUE TO (c) **Chr. nephritis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
hours

?
392*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 1949** to **Jan. 18, 1950**, that I last saw the deceased alive on **Jan. 16, 1950**, and that death occurred at **2:05 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. R. Kuss M.D.

23b. ADDRESS
Nevada, Mo

23c. DATE SIGNED
1-19-50

24a. BURIAL (Specify)

24b. DATE
January 30, 1950

24c. NAME OF CEMETERY OR CREMATORY
Hall Cemetery

24d. LOCATION (City, town, or county) (State)
Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
Jan. 30, 1950 **Arthur H. Young**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Funeral Home Nevada Missouri

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

RECEIVED

District Health Officer No.

District File Number 1-50-1

Date Filed 2-6-5

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
Student Embalmer

Student Embalmer No. _____

BB Feun

Signed _____

Licensed Embalmer No. 1760

P. O. Address Nevada Nev

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.