

No. 300
10. 48

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. AMOS
8379
State File No. _____
Registrar's No. 328

0390
6

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

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5465	
1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 12 1/2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		1296 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Greene County Farm			d. STREET ADDRESS (If rural, give location) Biggs Hotel		
3. NAME OF DECEASED (Type or Print) a. (First) Don		b. (Middle) _____		c. (Last) Maxey	
4. DATE OF DEATH April 4, 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Nov 22 1886		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Pierce City, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME F.J. Maxey		13b. MOTHER'S MAIDEN NAME Bell Morrow	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY 492-03-4976	
17. INFORMANT'S SIGNATURE OR NAME Otis Maxey		ADDRESS Springfield, Mo.		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Syphilis - Labo - Paris		ANTECEDENT CAUSES			None known
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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.			025X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 Feb. 22 1950, to April 4, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 2:30p m., from the causes and on the date stated above.					
23a. SIGNATURE James R. Amos M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/50		24c. NAME OF CEMETERY OR CREMATORY Evergreen	
24d. LOCATION (City, town, or county) Republic, Mo.		24e. (State) _____		24f. _____	
DATE REC'D BY LOCAL REGS 4-7-50		REGISTRAR'S SIGNATURE WZ. Standley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	
ADDRESS _____		ADDRESS _____		ADDRESS Springfield, Mo.	

APR 26 1957

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.....

Walter E. Hamell

Signed.....

Student Embalmer

Licensed Embalmer No. *3818*

P. O. Address.....

Springfield 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.