

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14113

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5964</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>				
b. CITY OR TOWN <u>Northwood Acres</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY OR TOWN <u>Parkville</u> <u>Rural</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 4 Parkville</u>				d. STREET ADDRESS (If rural, give location) <u>Northwood Acres Rt. 4</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN</u>		b. (Middle) <u>H.</u>		c. (Last) <u>MAXWELL</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>1</u>		(Year) <u>1950</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>Feb. 5, 1883</u>		
9. AGE (In years, last birthday) <u>67 yrs.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Rate Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Graham Truck Lines</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Maxwell</u>		13b. MOTHER'S MAIDEN NAME <u>Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Maxwell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ms J H Maxwell</u> ADDRESS _____				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>				<u>4/20/50</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>February 1943</u> , to <u>April 1, 1950</u> , that I last saw the deceased alive on <u>March 10, 1950</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold A. Ballatt, M.D.</u>				23b. ADDRESS <u>1132 Park Plaza Kansas</u>		23c. DATE SIGNED <u>4/2/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fredonia</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas</u>		
DATE REC'D BY LOCAL REG. <u>4-2-50</u>		REGISTRAR'S SIGNATURE <u>Aphia R. Quinn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Newcomers Sons</u>		ADDRESS <u>832 Broadway North K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

330

RECEIVED 4-13-50

District Health Office, Mo. S.

District File Number _____

Date Filed 4-28-50

MAR 16 1951

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. 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.