

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23450

State File No.

FILED JUN 27-1950

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Arcadia</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi. east of Arcadia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. east of Arcadia</u>		d. STREET ADDRESS <u>1/2 mi. east of Arcadia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Randolph</u> c. (Last) <u>Maxwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 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>Nov. 7 1887</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	
IF UNDER 4 HRS. Hours <u>8</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>rail way mail clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Dept.</u>	
11. BIRTHPLACE (State or foreign country) <u>Belgrade Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John T. Maxwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mason</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Maxwell, Arcadia Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intestinal carcinoma (far advanced inoperable)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>??</u>	
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19a. DATE OF OPERATION <u>May 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>faradvanced inoperable intestinal carcinoma</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) m. _____		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 6-6, 1949, to 7-15-50, 1950, that I last saw the deceased alive on 7-14, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Farland, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>7-18-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Baptist Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Belgrade Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 21, 1950</u>		REGISTRAR'S SIGNATURE <u>Ma Ann Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1950

RECEIVED JUL 22 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

AUG 26 1950

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 _____

Russell White

Licensed Embalmer No. *3012*

P. O. Address *District No*

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.