

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27477

FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Johnson</u>		<u>0512</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		<u>0512</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 West South Street</u>				d. STREET ADDRESS (If rural, give location) <u>221 W. South St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Rose</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Maxwell</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Aug.</u>		<u>26</u>		<u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 6, 1867</u>	
9. AGE (In years less birthday)		10. MONTHS		11. HOURS		12. MIN.	
<u>83</u>		<u>0</u>		<u>0</u>		<u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>							
13a. FATHER'S NAME <u>Wm. Penn Lamb</u>			13b. MOTHER'S MAIDEN NAME <u>Louise C. Horstman</u>			14. NAME OF HUSBAND OR WIFE <u>Robert E. 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>Hugh Lamb, Warrensburg, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
		ANTECEDENT CAUSES 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.					
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)		<u>4201</u>	
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>Aug 25, 1951</u> , to <u>Aug 26, 1951</u> , that I last saw the deceased alive on <u>Aug 26, 1951</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>Aug 28, 51</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Sarah Ann Phillips</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney-Phillips, Warrensburg, Mo.</u>			

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

MAR 7 1951

RECEIVED  
SEP 4 1951  
JOHNSON COUNTY HEALTH DEPT

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.....  
Student Embalmer

Signed J. Earl Priest  
Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.