

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34123**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **74**

1. PLACE OF DEATH
 a. COUNTY **Jefferson**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wilksboro**
 c. LENGTH OF STAY (in this place) **3 wks**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Bedar Grove Nursing Home**

2. USUAL RESIDENCE (Where deceased lived, or institution of residence before admission)
 a. STATE **Missouri** b. COUNTY **St Francois**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Centwell 0940**
 d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
 a. (First) **Samuel** b. (Middle) **Tidan** c. (Last) **Maxwell**
 (Type or Print)

4. DATE OF DEATH
 (Month) (Day) (Year)
9 10 51

5. SEX
M

6. COLOR OR RACE
W

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

8. DATE OF BIRTH
12-26-1873

9. AGE (In years last birthday)
77

10. UNDER 1 YEAR (Months) **8** **DAYS** **14** **HOURS** **0** **MIN.** **0**

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

10b. KIND OF BUSINESS OR INDUSTRY
Common

11. BIRTHPLACE (State or foreign country)
Madison Co. Mo

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Tom Maxwell

13b. MOTHER'S MAIDEN NAME
Edith Maxwell

14. NAME OF HUSBAND OR WIFE
Edith Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
-

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Edith Maxwell Centwell

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease with myocardial insufficiency.**
 ANTECEDENT CAUSES
 Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH
5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4 200

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) m.

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 9-5-1951, to 9-10-1951, that I last saw the deceased alive on 9-8-51, 1951, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Thomas A. Donnell M.D.

23b. ADDRESS
Desoto, Mo

23c. DATE SIGNED
9-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
1

24b. DATE
9-14-51

24c. NAME OF CEMETERY OR CREMATORY
odd fellows - Doe Run

24d. LOCATION (City, town, or county) (State)
Doe Run Mo

DATE REC'D BY LOCAL REG.
9-24-51

REGISTRAR'S SIGNATURE
141 Kathleen Marsden

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS
W. J. Bayard of San Restore

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

19-8-01
DATE RECEIVED 10-9-51
HILLSBORO, MISSOURI
JEFFERSON 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. T. Boyer

Licensed Embalmer No. *3660*

P. O. Address

Lesage 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.