

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

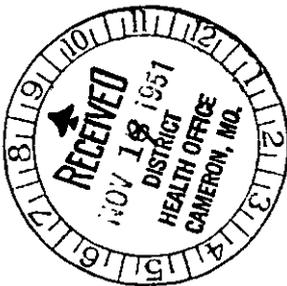
37050

State File No. _____

FILED NOV 27 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>0411</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>9 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u> <u>0411</u>		d. STREET ADDRESS (If rural, give location) <u>E. Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital and Clinic</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Milton</u>		c. (Last) <u>Maize</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 9 - 1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1 - 10 - 1984</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Silas L. Maize</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Slaughter</u>		14. NAME OF HUSBAND OR WIFE <u>Josie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Darrell Maize</u>		ADDRESS <u>Kansas City, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>16 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		331X		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) (Min.) _____		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>11-9-51</u> , 19 <u>51</u> , to <u>11-9-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>51</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. G. Reid, D.O.</u> (Degree or title)				23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>9-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burris</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-12-51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. [Signature]</u>		ADDRESS <u>Bethany, Missouri</u>	



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..... *M. B. Haas*.....
M. B. Haas

Signed.....
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.