

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37051

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, Mo.</u>		c. LENGTH OF STAY (in this place) <u>21</u> days		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pattonsburg, Mo.</u> <u>0310</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>--</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>MAXWELL</u>			4. DATE OF DEATH (Month) <u>NOV</u> (Day) <u>7</u> (Year) <u>1951</u>				
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 31, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Dublin, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Crim 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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry See, Hunnewell, 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, asthma, 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>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disease of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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>10-15</u> , 19 <u>51</u> , to <u>11-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-5</u> , 19 <u>51</u> , and that death occurred at <u>9</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter A. Broyles M.D.</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>11-9-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jude's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City; Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/10/51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis [unclear]</u>		ADDRESS <u>Pattonsburg, Mo.</u>	

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



DEC 13 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 Louis J. Smith

Licensed Embalmer No. 4096

P. O. Address Cottleville, 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.