

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41728
5651

State File No.

FILED JAN 12 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>116 W. 38th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>VICTOR</u>	c. (Last) <u>MAXEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec. 28 1951</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-22-92</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CITY DEPT.</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. MAXEY</u>	13b. MOTHER'S MAIDEN NAME <u>ETTA McMORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>Audrey MAXEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-14-388</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mollie Lee Kirks</u>	ADDRESS <u>3410 Holmes KCMO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>150X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Inoperable Carcinoma of esophagus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>spreading to mediastinum</u> DUE TO (c) <u>Edema of lungs</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 17, 1951, to Dec. 28, 1951, that I last saw the deceased alive on Dec. 28, 1951, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title)	23b. ADDRESS <u>General Hospital #1</u>	23c. DATE SIGNED <u>12-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-29-51</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. E. Forster</u>	ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. *4173*

P. O. Address..... *K.C. 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.