

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43789

State File No. 54

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-10 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elmer</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Maxwell</u>
4. DATE OF DEATH	(Month) <u>12</u>	(Day) <u>21</u>	(Year) <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-19-82</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</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>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>5+10</u>	11. BIRTHPLACE (State or foreign country) <u>Bedford Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Matthew G Maxwell</u>	13b. MOTHER'S MAIDEN NAME <u>Delilah Evans</u>	14. NAME OF HUSBAND OR WIFE <u>Evelyn Maxwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Maxwell - Milan, Mo.</u> ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH, <u>10yrs +</u> ANTECEDENT CAUSES DUE TO (b) <u>myocardial decompensation (not rheumatic)</u> DUE TO (c) <u>hypertension & coronary insuff.</u> 2. OTHER SIGNIFICANT CONDITIONS: <u>Intraventricular block, left ventricular enlargement, arteriosclerosis.</u>	
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)	
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>8-3</u> , 19 <u>48</u> , to <u>12-21</u> , 19 <u>51</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph P. Mos, D.O.</u> (Degree or title)		23b. ADDRESS <u>116 1/2 E. 3rd., Milan, Mo.</u>	23c. DATE SIGNED <u>12-29-51</u>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>12-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Sac City Iowa</u>
DATE REC'D BY LOCAL REG. <u>Dec. 29-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoejes</u> ADDRESS <u>Milan Mo</u>	

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

1050

MAY 2 1952

Date Received: JAN 2 1952
DISTRICT HEALTH OFFICE #2
District File Number 1-52
Date Filed: JAN 5 1952

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 Dwight Schaefer

Licensed Embalmer No. 2662

P. O. Address Milan - 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.