

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5899

State File No.

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 5845 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ATCHISON TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ATCHISON TWP. 0740</u>	
c. LENGTH OF STAY (In this place) <u>Wife</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>MAXWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4-1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>MAR. 7-1879</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Nodaway County-Atchison Twp, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>John W. Maxwell</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C. Townsend</u>		14. NAME OF HUSBAND OR WIFE	
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Maxwell, Clermont, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		DUE TO (b) <u>Cerebral arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Metastatic bone cancer from primary adenocarcinoma of prostate</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"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334 X H</u>	
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22. I hereby certify that I attended the deceased from Sept 7, 1951 **to** Feb 4, 1952 **that I last saw the deceased alive on** Jan 30, 1952 **and that death occurred at** 5 P. m. **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) <u>David Ford, D.O.</u>		23b. ADDRESS <u>Stmo Mo</u>		23c. DATE SIGNED <u>Feb 9-1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shearer</u>	
24d. LOCATION (City, town, or county) (State) <u>Page Co. Buchanan Twp Ia</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Staley Swanson-Hopkins, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		229	

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

0.300
0.48

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

Stouley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.