

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5910

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Oregon County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (in this place) <u>47 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</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>CHARLEY</u>			b. (Middle) <u>EDWARD</u>			c. (Last) <u>MAXWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 52</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>2/29/1872</u>			9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days <u>11 11</u>		IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Thomas Clark Maxwell</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Caudle</u>			14. NAME OF HUSBAND OR WIFE <u>Maudie Virginia</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cleda Maxwell Thayer, Missouri</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>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic carcinoma</u> DUE TO (c) <u>Carcinoma of stomach</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sen. arteriosclerosis</u>								INTERVAL BETWEEN ONSET AND DEATH          <u>6-12</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>151X</u>		

22. I hereby certify that I attended the deceased from 12-6-51, 1951, to 2-10-52, 1952, that I last saw the deceased alive on 2-9-52, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur M. D. Wolf</u>			23b. ADDRESS <u>Mammoth Spring, Ark.</u>			23c. DATE SIGNED <u>2-22-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Myrtle Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Feb. 20, 1952</u>		REGISTRAR'S SIGNATURE <u>Arthur M. D. Wolf</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Carter, Thayer, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4516

P. O. Address Chicago, Ill.

**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.