

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7519

State File No. 7519
Registrar's No. 160

FILED APR 10 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY BUTLER 0124			2. USUAL RESIDENCE (Where deceased lived, if in institution; residence before admission) a. STATE Mo. b. COUNTY Scott 1003		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FERRY	b. (Middle) ELSWORTH	c. (Last) MAXWELL	(Month) 3	(Day) 28	(Year) 52

5. SEX M O	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-17-1882	9. AGE (In years last birthday) 70	# UNDER 1 YEAR Months 11	# UNDER 1 YEAR Days 11	# UNDER 1 YEAR Hours 	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CAPE CO Mo O	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ROBERT MAXWELL	13b. MOTHER'S MAIDEN NAME EMMA SNYDER	14. NAME OF HUSBAND OR WIFE MINA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Walter Maxwell East Paris Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Due to fracture of hip		
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION E9030-20	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)
		Poplar Bluff Butler Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 26 1952 5:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on floor
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22. I hereby certify that I attended the deceased from **3-26**, 19**52**, to **3-28**, 19**52**, that I last saw the deceased alive on **3-28**, 19**52**, and that death occurred at **5:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Johnson M.D.	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 4-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 3-30-52	24c. NAME OF CEMETERY OR CREMATORY DOGWOOD	24d. LOCATION (City, town, or county) (State) MISS CO Mo
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DATE REC'D BY LOCAL REG. 4-2-52	REGISTRAR'S SIGNATURE Wm. H. Johnson 428-C	25. FUNERAL DIRECTOR'S SIGNATURE Wald Funeral Home	ADDRESS Sikeston Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 7 - 1952
BUTLER CO. HEALTH CENTER
FILE NO. 452-175

AUG 23 1962

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.