

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8039**
Registrar's No. **235**

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield.		c. LENGTH OF STAY (in this place) 8 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 College Street		d. STREET ADDRESS (If rural, give location) 812 College Street	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) M.	c. (Last) MAXEY	4. DATE OF DEATH (Month) (Day) (Year) March 7, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 14 July 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 60 Hrs. _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen farming	11. BIRTHPLACE (State or foreign country) Marion County, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Maxey	13b. MOTHER'S MAIDEN NAME Mallisa Cooper	14. NAME OF HUSBAND OR WIFE Mary Maxey
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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) no	16. SOCIAL SECURITY NO. 563-30-5646	17. INFORMANT'S SIGNATURE OR NAME Mary Maxey , ADDRESS 812 College Street, Springfield, Missouri.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probably Coronary Thrombosis		
	ANTECEDENT CAUSES 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.			

UNATTENDED BY A PHYSICIAN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 examined the deceased person and that I am sure the deceased died on **March 7, 1952** at **10:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James H. Amos, M.D. Registrar of Vital Statistics	23b. ADDRESS Greene County Court House Springfield, Missouri	23c. DATE SIGNED 3/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/10/52	24c. NAME OF CEMETERY OR CREMATORY Cowan	24d. LOCATION (City, town, or county) (State) Marion County, Arkansas
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DATE REC'D BY LOCAL REG. 3-9-52	REGISTRAR'S SIGNATURE James H. Amos, M.D.	5. FUNERAL DIRECTOR'S SIGNATURE Fred C. [unclear] ADDRESS Springfield, Mo.
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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.

Student Embalmer No.

Signed

Ralph H. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.