

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20580**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2552**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2624 VICTOR		d. STREET ADDRESS (If rural, give location) 2624 VICTOR	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) EDWARD	
c. (Last) MAXWELL		4. DATE OF DEATH (Month) (Day) (Year) 6-16-52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 9, 1905
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER - CIVIL		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM MAXWELL	
13b. MOTHER'S MAIDEN NAME MADGELINE MAXVILLE		14. NAME OF HUSBAND OR WIFE MABEL M. MAXWELL	
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. 489-30-5337	17. INFORMANT'S SIGNATURE OR NAME MABEL M. MAXWELL - 2624 VICTOR
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Artery Disease - atherosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pericarditis - non-rheumatic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strain and overwork	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4343	
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 11/9/46 to 4-30 , 1952, that I last saw the deceased alive on 4-30 , 1952, and that death occurred at 12:10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Name, S. Stephens (Degree or title) W. S. Stephens, M.D.		23b. ADDRESS 3 E. 39th St. Kansas City	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-7-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) JOLIET, ILLINOIS
DATE REC'D BY LOCAL REG. 6-6-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. S. Walton

Signed.....

Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *K. E. Ind*

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.