

FILED JUN 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21258

BIRTH NO. _____		REG. DIST. NO. 226		PRIMARY REG. DIST. NO. 4337		Registrar's No. 26	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY MONROE		b. CITY (If outside corporate limits, write RURAL and give township) MADISON		a. STATE MISSOURI		b. COUNTY MONROE	
c. LENGTH OF STAY (in this place) 30 MIN		c. CITY (If outside corporate limits, write RURAL and give township) PARIS		d. STREET ADDRESS W. LOENST ST.			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) W.		c. (Last) MAXEY	
4. DATE OF DEATH JUNE 20, 1952		4. DATE (Month) (Day) (Year)					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 13, 1882	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 11 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY GEN. BLACKSMITHING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HESIKANI H. MAXEY		13b. MOTHER'S MAIDEN NAME MARY FRANCES SWINDELL		14. NAME OF HUSBAND OR WIFE MAY ETTE MAXEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME MRS. HARRY SHAW, MADISON, MO.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 6 Day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal-Vasculardisease				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		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) (Min.)		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 Feb 6, 1948 , to June 20, 1952 , that I last saw the deceased alive on June 19, 1952 , and that death occurred at 7:05 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) D.O.				23b. ADDRESS MADISON, MO.		23c. DATE SIGNED 6-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-22-52		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI	
DATE REC'D BY LOCAL REG. 6/24/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS PARIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

1930

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.