No. 300
10 [illegible]

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31400

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5489 Registrar's No. 97

410

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) On Hi-way 146 N of Gilman
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) [illegible]

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo.
b. COUNTY Jackson Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) K.C. Mo. 3249
d. STREET ADDRESS (If rural, give location) 1400 Bres

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Franklin
c. (Last) Maxwell

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 52

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3

8. DATE OF BIRTH 8-9 1904

9. AGE (In years last birthday) 48 — If under 1 year: Months 1 Days 19 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Harrison Co. Mo. O

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Maxwell

13b. MOTHER'S MAIDEN NAME Josephene Quigley

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Grace McAfee — ADDRESS 1400 Bres K.C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Fracture, Fracture I Cervical — INTERVAL BETWEEN ONSET AND DEATH —

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 041

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) Sugar Creek Township (COUNTY) Harrison (STATE) Mo

21d. TIME OF INJURY (Month) 9 (Day) 28 (Year) 52 (Hour) 2 pm.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Never, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) D.O. 2

23b. ADDRESS Gilman City Mo.

23c. DATE SIGNED Oct 4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-1-52

24c. NAME OF CEMETERY OR CREMATORY Springer Cemetery

24d. LOCATION (City, town, or county) Harrison Co. (State) Mo.

DATE REC'D BY LOCAL REG. 10/7/52

REGISTRAR'S SIGNATURE Zola Burris M.C.

25. FUNERAL DIRECTOR'S SIGNATURE Doyle E Williamson — ADDRESS Gilman City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Gilman City

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.