

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1086**

Registrar's No. **38**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>38</b>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b>		<b>0396</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1841 N. BROADWAY</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>MONROE</b>		c. (Last) <b>MAXWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Oct. 12 1868</b>		9. AGE (In years last birthday) <b>85</b> If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCERYMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOOD</b>		11. BIRTHPLACE (State or foreign country) <b>TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>RUTH MAXWELL</b>			13b. MOTHER'S MAIDEN NAME <b>JANE VICKERS</b>			14. NAME OF HUSBAND OR WIFE <b>WIDOWER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. HELEN RHODES SPRINGFIELD, Mo.</b>			
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) <b>Cardio-Vascular disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Failure of adjustment to late life</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>4221</b>				INTERVAL BETWEEN ONSET AND DEATH <b>0 min</b>	
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)		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 <b>July 30, 1952, to Jan 12, 1953</b> , that I last saw the deceased alive on <b>Jan 11, 1953</b> , and that death occurred at <b>2:30A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. H. Selsby M.D.</b>				23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>1-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 13-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-14-53</b>		REGISTRAR'S SIGNATURE <b>E. W. Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Klingner &amp; Co.</b>		ADDRESS <b>Springfield, Mo.</b>	

S. No. 300  
V. 10.48

0396

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

Dr. Selsby Jr.

---

**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.....

*Max Rhodes*  
.....  
Licensed Embalmer No. *407*  
.....  
P. O. Address *Springfield*  
.....

**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.