

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22413

State File No.

FILED JUL 6 - 1953

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) 31 yrs.		d. STREET ADDRESS (If rural, give location) 1426 S. Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1426 S. Grand Ave.		e. FULL NAME OF HOSPITAL OR INSTITUTION 1426 S. Grand Ave.	

3. NAME OF DECEASED (Type or Print) SUSAN ELIZABETH MAXWELL	a. (First) SUSAN	b. (Middle) ELIZABETH	c. (Last) MAXWELL	4. DATE OF DEATH June 28, 1953	(Month) June	(Day) 28	(Year) 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 2, 1870	9. AGE (in years last birthday) 83	if UNDER 1 YEAR Months 2 Days 27	if UNDER 4 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alex Gregory	13b. MOTHER'S MAIDEN NAME Mary Jane McAllister	14. NAME OF HUSBAND OR WIFE John H. Maxwell
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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. None	17. INFORMANT'S SIGNATURE OR NAME John H. Maxwell, Sedalia, Mo.	ADDRESS Sedalia, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid (Toxemia)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac - Renal - Vasculopathy one 1/2 yrs. DUE TO (c) Age.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 attended the deceased from June 22, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. D. Holbert, M.D.	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED June 30, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/1/1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Sedalia, Mo.	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 7-2-53	REGISTRAR'S SIGNATURE A. G. Campbell, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE James Edwards	ADDRESS Sedalia, Mo.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, Mo

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.