

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5716**

BIRTH NO. <b>FILED FEB 25 1954</b>		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>3054</b>		Registrar's No. <b>20</b>		
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1114 Georgia</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kenneth</b>			b. (Middle) <b>Lee</b>		c. (Last) <b>Maxwell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 10, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>May 22, 1906</b>		9. AGE (In years last birthday) <b>47</b>	10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ordinance Plant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
13a. FATHER'S NAME <b>John R. Maxwell</b>			13b. MOTHER'S MAIDEN NAME <b>Eva Lee Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Hewitt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>494-05-8031</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ruby Maxwell, Vandalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon Monoxide Poisoning</b>					MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>		
	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. <b>E9731</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 <b>Apparent Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Louisiana Pike Mo.</b>				
21d. TIME OF INJURY <b>2-10-54</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from <b>2-10, 1954</b> , to <b>2-10, 1954</b> , that I last saw the deceased alive on <b>2-10, 1954</b> , and that death occurred at <b>9:40 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Chas. H. Tweller M.D.</b>				23b. ADDRESS <b>Louisiana, Missouri</b>		23c. DATE SIGNED <b>2-20-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 12, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Feb 20, 1954</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William D. Waters</b>		ADDRESS <b>Vandalia, Mo.</b>		

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

191

FEB 25

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 William B. Gaters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.