

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8118

State File No. ....

FILED MAR 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 3

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

No. 300  
10.48

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY OR TOWN <u>Winley Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Winley Clark,</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0260</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WEBSTER</u> b. (Middle) <u>LELAND</u> c. (Last) <u>MAXSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 16-54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>SEPT 14-1913</u>	9. AGE (In years last birthday) <u>40</u>	10. F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life. In retired) <u>check Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>9</u> <u>Wabasha</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Oran MAXSON</u>		13b. MOTHER'S MAIDEN NAME <u>Etala GRUBB</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>319-12-9584</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Oran Maxson Winley Mo</u>		
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) <u>Metastatic Carcinoma, Liver 6 months</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma recto sigmoid</u> 2 yrs DUE TO (c) <u>With Metastasis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
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 <u>Sept 18, 1953</u> to <u>March 16, 1954</u> , that I last saw the deceased alive on <u>March 15, 1954</u> , and that death occurred at <u>8:48</u> A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. E. Humphrey D.O.</u>			23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>3-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>
DATE REC'D BY LOCAL REG. <u>March 17-54</u>		REGISTRAR'S SIGNATURE <u>M. L. Hoover</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Steffen Russellville</u>	

MAR 3 1 1954

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 *[Signature]*

Licensed Embalmer No. 2307

P. O. Address Russellville 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.