THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10701

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 674

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beckley
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Penn Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2089
d. STREET ADDRESS (If rural, give location): 1181 Howell St. 1

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

4. DATE OF DEATH (Month) (Day) (Year): March 15 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 28, 1864
9. AGE (In years last birthday): 89 — If under 1 year: Months 8, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and State or Foreign Country): Rural Retreat Virginia 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marion L. Cooley
13b. MOTHER'S MAIDEN NAME: unk. Baumgartner
14. NAME OF HUSBAND OR WIFE: James Charles Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT'S SIGNATURE OR NAME: Chas. A. Maxwell — ADDRESS: 1181 Howell St

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): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): not known
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation 4222
20. AUTOPSY? YES ☐ NO ☒

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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* March 1954, *to* March 15 1954, *that I last saw the deceased alive on* 3-12-, 1954, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. F. Miller M.D.
23b. ADDRESS: 8410 N Broadway
23c. DATE SIGNED: 3-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 17/54
24c. NAME OF CEMETERY OR CREMATORY: Kahoka Cem
24d. LOCATION (City, town, or county) (State): Kahoka Mo.

DATE REC'D BY LOCAL REG.: 3/17/54
REGISTRAR'S SIGNATURE: Herbert K. Somke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Bull-Campbell Mortuary — ADDRESS: 5165 Delmar St.

(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 Leo E Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.