

REC'D NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37074

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1055-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>951 South Holland Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>951 South Holland Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>MAXWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>18</u> <u>54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 9, 1868</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Wentworth, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Adam Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kane</u>		14. NAME OF HUSBAND OR WIFE <u>Sherman Maxwell (Deceased)</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Ayre Springfield, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Transition</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <u>Cerebral Arteriosclerosis</u>		DUE TO (c) <u>Encephalomalacia</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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)	
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 June 1953 to 11-18-1954, that I last saw the deceased alive on 11-7, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Thomas E. Ashley M. D.</u>		23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>11/19/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/20/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>Walter Williamson</u>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>AYRE-GOODWIN FUN'L SERVICE, Spgfld, Mo.</u>	
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623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1918

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 *Harry C. [Signature]*

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.