

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5599

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>7 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Sherman St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Sherman St.</u>		e. STREET ADDRESS <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herman</u>	b. (Middle) <u>Columbus</u>	c. (Last) <u>Maxe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1955</u>
-------------------------------------	--------------------------	-----------------------------	-----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April, 9, 1892</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
--------------------	-------------------------------	---	--	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Worker</u>	11. BIRTHPLACE (State or foreign country) <u>Parmasville, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Columbus Maxe</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Price</u>	14. NAME OF HUSBAND OR WIFE <u>Onie B. Maxe</u>
---	--	---

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>411-18-4100</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Onie Maxe, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Coronary Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>Dec 12</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hydro nephrosis + Hydro ureter (left)</u>	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) (Minute)	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 Apr 24, 1954, to Jan 7, 1955, that I last saw the deceased alive on Jan 3, 1955, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Chas. Ralving, M.D.</u>	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>1/11/55</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-19-55</u>	REGISTRAR'S SIGNATURE <u>Jean Hearnes</u> 480	25. FUNERAL HOME'S SIGNATURE AND ADDRESS <u>The Munnelee Funeral Chapel, Charleston, Mo.</u>
---	---	--

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

FEB 24 1955
RECEIVED

Miss. Co. Health Dept
County File No. _____

Date Filed FEB 26 1955

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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.