

FILED NOV 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. **37294**

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

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>WASH.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(RURAL) VALE 10 PA.</u>		c. CITY OR TOWN <u>RICHWOODS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI W OF DESOTO ON HY.H.</u>		e. STREET ADDRESS (If rural, give location) <u>1001</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>MAXOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>FEB. 17 1867</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RICHWOODS MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>POLETTE CORDIA</u>		13b. MOTHER'S MAIDEN NAME <u>JEANETTE RECAR</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN MAXOR</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>—</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MAX HARNESSES STAR ROUTE DESOTO 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Oct 30, 55</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</u>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. arterio-sclerosis</u> <u>years</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>Oct 30</u> , 19 <u>55</u> , to <u>Nov 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>55</u> , and that death occurred at <u>10 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harv. W. H. H. M.D.</u>		23b. ADDRESS <u>Desoto Mo.</u>	23c. DATE SIGNED <u>Nov 5, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RICHWOODS</u>	24d. LOCATION (City, town, or county) (State) <u>RICHWOODS MO.</u>
DATE REC'D BY LOCAL REG. <u>11-9-55</u>	REGISTRAR'S SIGNATURE <u>Marie Sparrin</u>	25. FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Cadey &amp; Lenoir St Clair Mo</u>	

**JEFFERSON COUNTY HEALTH DEPT.,  
HILLSBORO, MISSOURI**

DATE RECEIVED

NOV 14 1955

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**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.....  
Signature of Student Embalmer

Signed.....  
*Orwell B. Dietrich*

Licensed Embalmer No. 409

P. O. Address.....  
*Delate*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.