

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1956

State File No. **27035**  
F. **3522**

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| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place)<br><b>30 years</b>   |  | c. CITY OR TOWN<br><b>Kansas City</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3831 Wabash</b>   |  |  |  | STREET ADDRESS (If rural, give location)<br><b>55 3831 Wabash</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br><b>DOROTHY</b>   |  | a. (First)   |  | b. (Middle)<br><b>H.</b>   |  | c. (Last)<br><b>MAXEY</b>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 10, 1956</b>   |  | 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |  |
| 8. DATE OF BIRTH<br><b>July 27, 1905</b>  |  | 9. AGE (In years last birthday)<br><b>51</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>LaCygne, Kansas</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>C. E. Hesser</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Claire Watkins</b>   |  | 14. NAME OF HUSBAND <del>XXXXXXXX</del><br><b>Lawrence E. Maxey, Deceased</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Marjorie Lortz, 6136 Rockhill Road</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary artery Disease</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>none -</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>11 hrs -</b><br><b>months -</b><br><b>42:01</b>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>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) (Min.)  |  | 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>10 Aug</u> , 19 <u>56</u> , to <u>10 Aug</u> , 19 <u>56</u> that I last saw the deceased alive on <u>10 Aug</u> , 19 <u>56</u> and that death occurred at <u>7:50 A</u> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>William C. Van Buskirk MD</b>  |  |  |  | 23b. ADDRESS<br><b>1418 Professional Bldg</b>  |  | 23c. DATE SIGNED<br><b>10 Aug 56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>8/13/56</b>  |  | 24c. NAME OF CEMETERY<br><b>Mount Moriah Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>8-11-56</b>  |  | REGISTRAR'S SIGNATURE<br><b>Neva Minaball</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STINE &amp; McCLURE UND. CO., 3235 Gillham Plaza</b>  |  |  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
William C. Van Buskirk, M.D.

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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.....

Licensed Embalmer No. 4633

P. O. Address.....

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.