

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 - 1956

State File No. 31135

157

3028

191

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Reeds		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. McCune Brooks Hosp.				e. STREET ADDRESS (If rural, give location) Reeds, Mo. Route # 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Jessie		b. (Middle) Ullom		c. (Last) Maxwell	
4. DATE OF DEATH Sep. 14, 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 26, 1889		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Wis.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Ullom	
13b. MOTHER'S MAIDEN NAME Etta Anderson		14. NAME OF HUSBAND OR WIFE S. A. Maxwell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME J. D. Maxwell		ADDRESS Reeds, Mo. # 1		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute with				INTERVAL BETWEEN ONSET AND DEATH 6 hrs.		II. OTHER SIGNIFICANT CONDITIONS Heat prostration	
ANTECEDENT CAUSES				DUE TO (b) Pulmonary edema		DUE TO (c) and failure	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				19a. DATE OF OPERATION none			
19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	
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 15:00 to 19:00 at McCune Brooks Hosp. and the death occurred on Sept 14, 1956 at Carthage, Mo. the cause of death is Myocarditis, acute with Pulmonary edema and failure as stated above.							
23a. SIGNATURE (Degree or title) George H. Wood M. D.				23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 9-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-56		24c. NAME OF CEMETERY OR CREMATORY Jasper Cemetery		24d. LOCATION (City, town, or county) (State) Jasper Co., Missouri	
DATE REC'D BY LOCAL REG. 9-17-56		REGISTRAR'S SIGNATURE W. J. Clutter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1956

Post County Health Office
County File Number 56-9-164
Date Filed 27 1956

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 *Edwin C. Shinn*.....

Licensed Embalmer No. 4955

P. O. Address *Cartersville, Ga.*

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.