

Public Health Service

FILED JUL 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021 549  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Mindenmines</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		Length of stay in lb <u>4 weeks</u>	
3. NAME OF DECEASED (Type or print) <u>Adelina C. Maxwell</u>		4. DATE OF DEATH Month <u>6</u> Day <u>24</u> Year <u>57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-22-1898</u>
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>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Fanny Bay, Canada</u>
13a. FATHER'S NAME <u>John Larson</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Ohrn</u>	14. NAME OF HUSBAND OR WIFE <u>Ray Maxwell</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Ray Maxwell, Mindenmines, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Breast carcinoma (left)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION . . . . . COUNTY . . . . . STATE	
21. I attended the deceased from <u>1954</u> to <u>6-24-57</u> and last saw her alive on <u>6-24-57</u> Death occurred at <u>11:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. F. Hall MD</u> (Degree or title)		22b. ADDRESS <u>Joplin Mo</u>	
22c. DATE SIGNED <u>6-25-57</u>			
23a. BURNING, CREMATION, REMOVAL, INTERMENT	23b. DATE <u>6-26-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	23d. LOCATION (City, town, or county) . . . . . (State) <u>Pittsburg, Kansas</u>
24. FUNERAL DIRECTOR— <u>Thornhill-Dillon Mortuary</u> ADDRESS <u>Joplin</u>		25. DATE RECD. BY LOCAL REG. <u>6-27-1957</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 1 1957

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 *P. A. Shewell* .....

Licensed Embalmer No. *3590* .....

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.