X
pt. Health,
c., & Welfare
S. Public
lth Service

V. S. 300 0
ev. 1-57

FILED OCT 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36274
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Independence — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep.Sanit.&Hosp — Length of stay in lb 36 yrs.	d. STREET ADDRESS (If outside, give location) 704 No. Emery — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First JESSIE	Middle C.	Last MAYWOOD	4. DATE OF DEATH Month Day Year Oct. 6, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Nov. 18,1887
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Gibbon Cafe	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown Maywood	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ida Mae Maywood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-10-1832	17. INFORMANT Address Ida Mae Maywood, 704 N.Emery, Indep., Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fractured Skull & Subdural

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhage - Fractured Rt forearm,

DUE TO (c) Fractured Left leg

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by a car

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year 8:40 10-6-57

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

20f. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 8:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C Keachey M.H. & Deputy Coroner	22b. ADDRESS 6627 Prospect B Cms.	22c. DATE SIGNED 10-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct.10,1957	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Missouri		
24. FUNERAL DIRECTOR ADDRESS Geo. C.Carson & Sons, Indep. Mo.	25. DATE RECD. BY LOCAL REG. 10-10-57	26. REGISTRAR'S SIGNATURE James S Kraig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

54
0

OCT 15 1951

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 Everett L. Smith

Licensed Embalmer No. 5001

P. O. Address K. C. Mo

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.