

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43276

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 53076 Registrar's No. 227

S. 300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

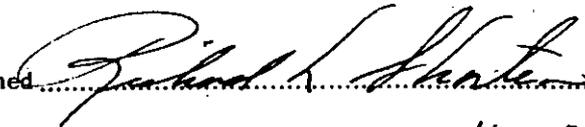
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u> <u>108²</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hosp / Y.</u>		d. STREET ADDRESS (If outside, give location) <u>503 E Locust</u>	
3. NAME OF DECEASED (Type or print) <u>ADELBERT C. MAXSON</u>		4. DATE OF DEATH Month <u>11</u> Day <u>28</u> Year <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 1, 1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Chester</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <u>Pittsford, Mich.</u>	
13a. FATHER'S NAME <u>Almeron Maxson</u>		13b. MOTHER'S MAIDEN NAME <u>Isabell Wood</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>490-16-2259</u>	
17. INFORMANT <u>Mrs J.R. Gott</u>		Address <u>Nevada, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of the bladder</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Uremia and marked anemia from hematuria.</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> <u>1 year</u>
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 3, 1955</u> to <u>Nov. 28, 1957</u> and last saw ^{XXXX} him alive on <u>Nov. 27, 1957</u> . Death occurred at <u>Nevada, Mo.</u> <u>2:30 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
22c. DATE SIGNED <u>11-30-57</u>		23. LOCATION (City, town, or county) (State) <u>Ottawa, Ks</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-28-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>X</u>		23d. LOCATION (City, town, or county) (State) <u>Ottawa, Ks</u>	
24. FUNERAL DIRECTOR <u>McVey-Gengel</u>		25. DATE RECD. BY LOCAL REG. <u>12-4-1957</u>	
ADDRESS <u>Ottawa, Ks</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

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.

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. 4532

P. O. Address Nevada

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.