

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017111

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 71

5. 300
1-57

080
3

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

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 <u>Mo.</u> b. COUNTY <u>Barren</u> <u>1070</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Rich Hill</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u> | | Length of stay in 1b <u>1 yr. 11 mos</u> | | d. STREET ADDRESS <u>unknown</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ED. W. MAXWELL</u> | | | | 4. DATE OF DEATH Month Day Year <u>5 2 1958</u> | | | |
| 5. SEX <u>M.</u> | | 6. COLOR OR RACE <u>W.</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>6/8/1871</u> | |
| 9. AGE (In years and birthday) <u>85</u> | | 10. UNDER 1 YEAR Months Days | | 11. UNDER 24 HRS. Hours Min. | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Calhoun, Mo.</u> | |
| 13a. FATHER'S NAME <u>George Maxwell</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Mary</u> | | 14. NAME OF HUSBAND OR WIFE <u>Addie Maxwell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>Hospital Records State Hosp #3</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>Arteriosclerotic Heart Disease</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>years.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> | | | | | | <u>years.</u> | |
| DUE TO (c) _____ | | | | | | <u>4200</u> | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <u>None</u> | | | | 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 p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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>12/31/56</u> to <u>5/2/58</u> and last saw <u>her</u> alive on <u>5/2/58</u> . Death occurred at <u>6:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>George Esker, M.D.</u> | | | | 22b. ADDRESS <u>State Hospital No. 3</u> | | 22c. DATE SIGNED <u>5/2/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| <u>BURIAL</u> | | <u>5/4/58</u> | | <u>Green lawn Cemetery</u> | | <u>Rich Hill, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Booth Funeral Serv - Rich Hill, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>5-3-1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Anna G. Jerry</u> | |

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 *John D. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Batley, Md*

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.