

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032855

STATE FILE NUMBER

1 OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4338

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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 (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3033 EUCLID AVE.		Length of stay in lb 50 YEARS	d. STREET ADDRESS (If outside, give location) 3033 EUCLID AVE.
3. NAME OF DECEASED (Type or print) First Middle Last NORMA MAUDE MAXWELL			4. DATE OF DEATH Month Day Year SEPTEMBER 9 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 24, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) ELMWOOD, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENJAMIN FORD		13b. MOTHER'S MAIDEN NAME CHARLOTTE HENSLEY	14. NAME OF HUSBAND OR WIFE OLIVER 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 PAUL C. FORD, 11503 WINTER ROAD, INDEP. MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Angina Pectoris</i>			INTERVAL BETWEEN ONSET AND DEATH 1943
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Malignant Hypertension</i>			1943
DUE TO (c) <i>Coronary arteriosclerosis</i>			1940
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Left bundle branch block (1941)</i>			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 Month, Day, Year a.m. 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 <i>1934</i> to <i>Sept 9, 1958</i> and last saw her ^{her} alive on <i>July 30, 1958</i> Death occurred at <i>8:45 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lyle G. Willits M.D.</i>		22b. ADDRESS <i>1103 Grand Avenue</i>	22c. DATE SIGNED <i>Sept 9, 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>BURIAL</i>	<i>SEPT. 11, 1958</i>	<i>WOODLAWN CEMETERY</i>	<i>INDEPENDENCE MISSOURI</i>
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i>		25. DATE RECD. BY LOCAL REG. <i>9-11-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Lyle G. Willits

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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 *Chester K Brown*

Licensed Embalmer No. *493/*
P. O. Address *K O W O*

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.