Health, Welfare Public Service

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1-56
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033332
STATE FILE NUMBER

Filed OCT 14 1958 Registration District No. 166 Primary Registration District No. 5165 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Knob Noster Tlr. Ct. — Length of stay in 1b 30 min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Knob Noster — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Gen Del (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Grant — Middle Eugene — Last Maxam
4. DATE OF DEATH (Month, Day, Year) October 5, 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 1, 1917
9. AGE (In years last birthday) 41 — 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) USAF
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (City and state or country) Hudson, Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Deceased
14. MOTHER'S MAIDEN NAME Margaret Long
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1942 - 1958
16. SOCIAL SECURITY NO. -
17. INFORMANT Elizabeth A Maxam (W), Address Knob Noster, Gen Del, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute pulmonary edema and congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial ischemia and incipient infarction
DUE TO (c) Coronary arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ -
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 ☐ NOT WHILE AT WORK ☐ -
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -
20f. CITY, TOWN, OR LOCATION COUNTY STATE -

I viewed the deceased on Oct. 5, 1958 at 8:20 AM
Death occurred at Approx 8:10 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE RICHARD G KETTELKAMP, Capt, USAF (MC) — Richard G. Kettelkamp MD
22b. ADDRESS USAF Hospital Whiteman AF Base, Missouri
22c. DATE SIGNED 5 Oct 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/6/58
23c. NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery
23d. LOCATION (City, town, or county) (State) Washington, D.C.
24. FUNERAL DIRECTOR R.A. BROWNINGER, ADDRESS WARRENSBURG, MO.
25. DATE RECD. BY LOCAL REG. Oct 7-58
26. REGISTRAR'S SIGNATURE Emma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard T. McDonald

Licensed Embalmer No. 48

P. O. Address Warren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.