

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038883

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 544

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone Co. Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>1207 Walnut</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>EDNA</b> Last <b>MAXWELL</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>5</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 6 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Bigelow, Mo.</b>
13a. FATHER'S NAME <b>Benjamin franklin Fleming</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Alice O'Neal</b>	14. NAME OF HUSBAND OR WIFE <b>Dr. Bert Crockett Maxwell</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Anne Fleming</b> Address <b>1207 Walnut, Columbia, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>INTRACEREBRAL HEMORRHAGE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE Cardio VASCULAR DISEASE</b>			<b>YEARS</b>
DUE TO (c) <b>GENERALIZED ARTERIO SCLEROSIS</b>			<b>YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443 X</b>			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 <b>4 DEC 58</b> to <b>5 DEC 58</b> and last saw her alive on <b>5 DEC 58</b> Death occurred at <b>5:30</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John J. Logue MD</b> (Degree or title)		22b. ADDRESS <b>909 UNIV AVE Columbia Mo.</b>	22c. DATE SIGNED <b>5 DEC 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 7 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia, Mo</b>
24. FUNERAL DIRECTOR <b>Carber Funeral Service</b> ADDRESS <b>Columbia</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 7, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>

FEB 17 1959

### 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 Douglas D. Gorman

Licensed Embalmer No. 5037

P. O. Address Columbia, S.C.

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.