

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009552

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1532

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Leavenworth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> 8150 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital K. C. MO</b>		Length of stay in lb <b>25 years</b>	d. STREET ADDRESS (If outside, give location) <b>650 Parallel</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>(NMI)</b> Last <b>Maxwell</b>			4. DATE OF DEATH Month <b>3rd</b> Day <b>22nd</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1/2/97</b>
9. AGE (In years last birthday) <b>62</b>		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) <b>Coach Cleaner (RR)</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Marlin, Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Wash Maxwell</b>	
13b. MOTHER'S MAIDEN NAME <b>Fannie Hughes</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Maxwell</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>703-03-8951</b>	17. INFORMANT Address <b>VA HOSPITAL RECORDS, K. C. 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>Bronchopneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Metastatic carcinoma of the brain</b> DUE TO (c) <b>1932</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
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 <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 WORK <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 <b>Wadsworth</b>		COUNTY <b>Wadsworth</b> STATE <b>Iv. Kansas</b>	
MA attended the deceased from <b>2-9-59</b> to <b>3-22-59</b> Death occurred at <b>9:28 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Marvin L. Murphy</b> Degree or title <b>M.D.</b>		22b. ADDRESS <b>Veteran Adm Hosp, K.C. Mo</b>	
22c. DATE SIGNED <b>3-22-59</b>			
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		23b. DATE <b>3/23/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Wadsworth</b>		23d. LOCATION (City, town, or county) (State) <b>Wadsworth, Iv. Kansas</b>	
24. FUNERAL DIRECTOR <b>Bailey Funeral Home K.C.Kans.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3-24-59</b>	
26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

any diseases in Part I must be causally related.

00  
57

Marvin L. Murphy

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 *C. Kenneth Keenan*

Licensed Embalmer No. *44121*

P.O. Address *Alamogordo, N.M.*

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.