

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010354

STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 30

30

300
-57

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti TWP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti <i>1786</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1,		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt 1 Box 691 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Amos Middle Maxwell Jr. Last			4. DATE OF DEATH Month March Day 5 Year 1959
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-4-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years less birthday) 73 IF UNDER 1 YEAR: Months 0 Days 1 IF UNDER 24 HRS.: Hours 1 Min.
11. BIRTHPLACE (City and state or country) Sherrill, Arkansas.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Amos Maxwell		13b. MOTHER'S MAIDEN NAME Mary Ellen	14. NAME OF HUSBAND OR WIFE Annie Maxwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT Mildred Wilson, Rt. 1, Box 691/ Address Hayti, 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) Metastatic Ca to lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Adeno Carcinoma of prostate DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 177X			INTERVAL BETWEEN ONSET AND DEATH 6 months 7 1/2 y
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 2-14-59 to 2-27-59 and last saw him alive on 2-27-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert Caldwell M.D.</i> (Degree or title)		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 3-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	3-8-59	Concord Cemetery	Pemiscot County, Mo.
24. FUNERAL DIRECTOR John W. German, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 3-9-59	26. REGISTRAR'S SIGNATURE <i>Valeria Popham</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 26 1959

PENNSCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 W German*

Licensed Embalmer No. 4355

P. O. Address Hayti, Missouri

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.