RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029424
STATE FILE NUMBER

FILED VS AUG 18 1959

Registration District No. 9/6 Primary Registration District No. 3026 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence
Length of stay in 1b: 5 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 221 N Plesant St
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 908 Highland Ave,
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Maggie Middle Julia Last Maib
4. DATE OF DEATH: Month August Day 6 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Jan. 30 1871
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (City and state or country): Karney, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Absulom Dagley
13b. MOTHER'S MAIDEN NAME: Mary Isabelle Schoolfield
14. NAME OF HUSBAND OR WIFE: Robert L. Maib
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Pearl B. Luther Address: Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident. — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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

21. I attended the deceased from March 1959 to Aug 6-1959 and last saw her/him alive on Aug 5-1959.
Death occurred at 9:05 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip J. Baker M.D. (Degree or title)
22b. ADDRESS 9306 E. New 40 Indep. Mo.
22c. DATE SIGNED 8-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-9-59
23c. NAME OF CEMETERY OR CREMATORY Macpelhia Cem.
23d. LOCATION (City, town, or county) Lexington (State) Missouri

24. FUNERAL DIRECTOR Temple Funeral Home ADDRESS Lex. Mo.
25. DATE RECD. BY LOCAL REG. 8-9-59
26. REGISTRAR'S SIGNATURE James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3156

P. O. Address_____

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