URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-005726

STATE FILE NUMBER

FILED VS MAR 9 1960

ENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Dunklin
c. CITY OR TOWN Senath — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Joseph Middle Carroll Last Maxwell

4. DATE OF DEATH Month March Day 3, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH 3/8/1874
9. AGE (last birthday) 85
IF UNDER 1 YEAR Months 11 Days 25
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Crockett Co. Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Robert Maxwell
13b. MOTHER'S MAIDEN NAME Cynthia Ann Harbor
14. NAME OF HUSBAND OR WIFE (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Lloyd Maxwell, Senath, 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) Massive Gastro Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Stomach — unknown
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 ☐ No ☐ Unknown

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

21. I attended the deceased from April 1, 1958, to March 3, 1960 and last saw him alive on March 2, 1960
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles H. Merryman, MD
22b. ADDRESS Senath, Mo
22c. DATE SIGNED 3-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/5/1960
23c. NAME OF CEMETERY OR CREMATORY Senath
23d. LOCATION (City, town, or county) (State) Senath Mo.

24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Service, Senath, Mo.
25. DATE RECD. BY LOCAL REG. 3-5-1960
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed O. L. Isbell

Signature of Student Embalmer

Licensed Embalmer No. 4970

P. O. Address Senath,

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