URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 142

=60-023554
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
Length of stay in 1b: 26 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McCune-Brooks Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 322 No. Orner
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Terry Middle: Ann Last: Maxwell
4. DATE OF DEATH: Month: June Day: 25 Year: 1960
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-1-1876
9. AGE (last birthday): 84
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Benton County, Ark.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Landers
13b. MOTHER'S MAIDEN NAME: Jane Threet
14. NAME OF HUSBAND OR WIFE: John S. Maxwell
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: John A. Maxwell, Address: 1803 Baker Blvd. Carthage, 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): DIVERTICULITIS
INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROSIS GENERALIZED
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 JAN - 1950 to JUNE 25-60 and last saw her/him alive on JUNE 25-60
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Frank H. Brown (Degree or title): M. D.
22b. ADDRESS: Carthage, Missouri
22c. DATE SIGNED: 6-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-27-60
23c. NAME OF CEMETERY OR CREMATORY: Jucks Chapel Cemetery
23d. LOCATION (City, town, or county) (State): near Rogers, Arkansas
24. FUNERAL DIRECTOR ADDRESS: Knell Mortuary, Carthage, Mo.
25. DATE RECD. BY LOCAL REG.: 6-27-60
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

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 Frank W. Knell

Signature of Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

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.