

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

=60-029728

ENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 865 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 8 YRS.	c. CITY OR TOWN ST. JOSEPH Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 403 NORTH 5TH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EFFIE LAVON MAXSON			4. DATE OF DEATH Month Day Year AUGUST 16, 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JULY 7, 1927	9. AGE (last birthday) 33	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GETCHELD LAUNDRY	11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HARRIS MAXSON		13b. MOTHER'S MAIDEN NAME LETHA HENDRICKS		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-26-1188	17. INFORMANT Address MRS. LETHA MAXSON-ELWOOD, KANSAS		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lower Nephron Nephrosis	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Septicemia of Septic Abortion	11 days
	DUE TO (c) Parametritis and Endometritis	10 days?
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 pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		
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 COUNTY STATE

21. I attended the deceased from **AUG 10** to **AUG 16** and last saw her alive on **AUG 16, 1960**
 Death occurred at **1:55** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree Title) Robert J. Miller MD	22b. ADDRESS 902 Edmund St. St. Joseph, Mo.	22c. DATE SIGNED 8/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8/16/1960	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY
23d. LOCATION (City, town, or county) WATHENA, KANSAS		
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME-WATHENA, KANSAS	25. DATE RECD. BY LOCAL REG. August 18, 1960	26. REGISTRAR'S SIGNATURE Wm. Clark Randall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

R.L. Pfeiffer, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1967

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 _____

Signature of Student Embalmer

Signed Charles M. Hanna

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.