

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031598

FILED VS AUG 3 1 1960

Registration District No. 275 Primary Registration District No. 5941 Registrar's No. 163

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Life		c. CITY OR TOWN Rolla...Rural	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3 Rolla Approx. 9 miles N.W.		d. STREET ADDRESS (If outside, give location) Route 3	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANDREW Middle HOPWOOD Last MAXWELL			4. DATE OF DEATH Month Aug. Day 24 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-13-82	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agr.	11. BIRTHPLACE (City and state or country) Phelps County, Mo.,	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John C. Maxwell		13b. MOTHER'S MAIDEN NAME Mary Skyles		14. NAME OF HUSBAND OR WIFE Sarah Lula	

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. no	17. INFORMANT Mrs. Sarah Lula Maxwell	Address Route 3 Rolla
--	--------------------------------------	---	---------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate		INTERVAL BETWEEN ONSET AND DEATH 1 yr
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 **1959** to **Aug 24, 1960** and last saw her/him alive on **Aug 13, 1960**
 Death occurred at **4 P.** m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Rolla Mo	22c. DATE SIGNED 8/25/60
--------------------------------------	-------------------	---------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Interment	23b. DATE Aug. 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	23d. LOCATION (City, town, or county) (State) Rolla, Missouri
---	-----------------------------------	---	---

24. FUNERAL DIRECTOR Null & Son Funeral Home By <i>[Signature]</i>	ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Aug 25, 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	-------------------------	---	---

DOCUMENT
MEDICAL CERTIFICATION
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 by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Nu

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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