

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000019

FILED VS JAN 23 1961

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 14

STATE FILE NUMBER

DO NOT WRITE
THIS STUB

AMENDED

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OR
TYPEWRITER RIBBON

SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Kirkville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home - 511 S. Marion</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>511 So. Marion</u>		
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Maize</u> Last <u>Maize</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>18,</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 18-1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business man Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>		11. BIRTHPLACE (City and state or country) <u>Salina, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ephraim Maize</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gipson</u>		14. NAME OF HUSBAND OR WIFE <u>Lena (Dixon) Maize</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Ephraim Maize</u> Address <u>511 So. Marion Kirkville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>Asthma</u>	
					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 <u>January 1935</u> to <u>Jan 18, 1961</u> and last saw her/him alive on <u>Jan. 18, 1961</u> Death occurred at <u>7:28 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>C. H. Martin D.O.</u>			22b. ADDRESS <u>Kirkville</u>		22c. DATE SIGNED <u>1-20-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>January 21, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Llewellyn Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kirkville, Missouri</u>	(State)		
24. FUNERAL DIRECTOR <u>W. K. Jackson</u>		ADDRESS <u>415 N. Franklin</u>	DATE RECD. BY LOCAL REG. <u>1-20-1961</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Pateff</u>		

(Licensed Embalmer's Statement on Reverse Side)

PAL 28

C. L. MARTIN, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville Mo

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.