

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002711

FILED VS FEB 1 1961

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 3

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. CLAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN APPLETON CITY		Length of stay in 1b 5 Mo. 1 wk	c. CITY OR TOWN APPLETON CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLETT. M. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) APPLETON CITY
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Eva Middle CORDELIA Last Maxwell			4. DATE OF DEATH Month Jan. Day 23 Year 1961	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1979	9. AGE (last birthday) 81
			IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chilhowee Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Wm F. Maxwell	13b. MOTHER'S MAIDEN NAME CORDELIA SIMONS	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Nellie Maxwell	Address APPLETON CITY, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, cerebral		INTERVAL BETWEEN ONSET AND DEATH 6 mo
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) Fracture left hip treated by fixation with pins		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Aug 16 '60	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Appleton City	COUNTY St Clair	STATE Mo
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21. I attended the deceased from **16 Aug 60** to **23 Jan 61** and last saw him alive on **23 Jan 61**
Death occurred at **5/16/61** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm Ellett M.D.	(Degree or title)	22b. ADDRESS Appleton City, Mo	22c. DATE SIGNED 24 Jan 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-25-61	23c. NAME OF CEMETERY OR CREMATORY APPLETON CITY	23d. LOCATION (City, town, or county) APPLETON CITY Mo
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24. FUNERAL DIRECTOR William Ellett	ADDRESS Appleton City Mo	25. DATE REC'D. BY LOCAL REG. Jan. 24, 1961	26. REGISTRAR'S SIGNATURE Chas Abney
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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 *Arden Eckhoff*

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.