

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014192

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 190

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 25 1961

1. PLACE OF DEATH
 a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 57 yrs

c. CITY OR TOWN Joplin Inside Limits No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 2130 Connor Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
WILLIAM HARRISON MAXTON

4. DATE OF DEATH Month Day Year
April 19, 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH 7-23-1887 9. AGE (last birthday) 73

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) Retired - Yard Master

10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad

11. BIRTHPLACE (City and state or country) Crestline, Kansas

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George O. Maxton 13b. MOTHER'S MAIDEN NAME Rebecca Glen

14. NAME OF HUSBAND OR WIFE Edna A. Maxton

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. Unk 17. INFORMANT Address Mrs. Edna A. Maxton, 2130 Connor Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral apoplexy INTERVAL BETWEEN ONSET AND DEATH 16 days
 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.
 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 Apr 13-61 to Apr 19 61 and last saw him alive on 4/19/61
 Death occurred at 9 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A L Crawford MD 22b. ADDRESS Joplin Mo DATE SIGNED 4/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-22-61 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 4-21-1961 26. REGISTRAR'S SIGNATURE Dore Merriam

MAY 2 1961

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 Harvey E. Amice

Licensed Embalmer No. 4463

P. O. Address Joplin 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.