SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'MENT OF PUBLIC HEALTH AND WELFARE

-61-041907
STATE FILE NUMBER

AMENDED

Registration District No. 217 Primary Registration District No. 5902 Registrar's No. 176

FILED NOV 29 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: PEMISCOT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HAYTI TWP
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1/2 MI. EAST HAYTI
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: PEMISCOT
c. CITY OR TOWN: HAYTI
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 205 N. CEDAR
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: JOHN
Middle: ARTHUR
Last: MAXWELL JR.

4. DATE OF DEATH: Month 11 Day 18 Year 61

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-28-44
9. AGE (last birthday): 17
IF UNDER 1 YEAR: Months 5 Days 20
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL
11. BIRTHPLACE (City and state or country): WALDER, TEXAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN A. MAXWELL SR.
13b. MOTHER'S MAIDEN NAME: WILLIE MAE McKINNON
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: WILLIE MAE MAXWELL, HAYTI, MO
Address: 205 N. CEDAR

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushed Chest and Internal Injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Automobile Accident
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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.): Automobile Accident

20c. TIME OF INJURY: Hour about 4 a.m. ~~p.m.~~ Month, Day, Year 11-18-61
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.): Hwy Highway #84
20f. CITY, TOWN, OR LOCATION: 1/2 Mi. East Hayti COUNTY: Pemiscot STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at about 4 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jimmy Osburn (Degree or title): Coroner
22b. ADDRESS: Wardell Mo.
22c. DATE SIGNED: 11-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-21-61
23c. NAME OF CEMETERY OR CREMATORY: [redacted] Cemetery
23d. LOCATION (City, town, or county) (State): PEMISCOT CO. MISSOURI

24. FUNERAL DIRECTOR: T. L. Smith
ADDRESS: Hayti Mo
25. DATE RECD. BY LOCAL REG.: 11-22-61
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1961

DEC 22 1961

DEC 7 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 John W. German

Licensed Embalmer No. 4355

P. O. Address HAYTI, MO

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