MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-033701
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 550

FILED OCT 1 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in Ib 1 day 6 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univer. of Mo. Medical Center
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 300 Market St. (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Louella Middle Marie Last Maxwell
4. DATE OF DEATH Month 9 Day 28 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-26-62
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HR Hours 3 Min. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Fulton, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Maxwell
13b. MOTHER'S MAIDEN NAME Dorothy
14. NAME OF HUSBAND OR WIFE None
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. None
17. INFORMANT Univer. of Mo. Medical Records Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hyaline membrane Disease
DUE TO (c) Pneumonitis
INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
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 9/27/62, to 9/28/62 and last saw her/him alive on 9/28/62
Death occurred at 11:42 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Joel Harris (Degree or title) MD
22b. ADDRESS University Hospital Columbia, Mo
22c. DATE SIGNED 9/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-28-62
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Fulton (State) Mo
24. FUNERAL DIRECTOR Downing ADDRESS Fulton Missouri
25. DATE RECD. BY LOCAL REG. Sept 28, 1962
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0109		
2	0147		
3			
4	1		
5	0		
6			
7	0		
8	2		
9	763.0		
10			
11			
12	2-0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 H. R. Masure

Licensed Embalmer No. 4996

P. O. Address Fulton 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.