

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019857
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 158

DO NOT WRITE ON THIS STUD

AMENDED

FILED MAY 27 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windson</u> Length of stay in 1b <u>2 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Resthaven Nursing Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)</p> <p>a. STATE <u>Henry</u> b. COUNTY <u>Missouri</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p>First <u>Maud</u> Middle <u>Muriel</u> Last <u>Maize</u></p>	<p>4. DATE OF DEATH</p> <p>Month <u>May</u> Day <u>20</u> Year <u>1963</u></p>
<p>5. SEX <u>Female</u></p> <p>6. COLOR OR RACE <u>White</u></p> <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>none</u></p> <p>13a. FATHER'S NAME <u>George W. McQuitty</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>	<p>8. DATE OF BIRTH <u>7/8/1885</u></p> <p>9. AGE (last birthday) <u>77</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Martha Johnson</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>Leonard Maize</u></p> <p>16. SOCIAL SECURITY NO. <u>none</u></p> <p>17. INFORMANT <u>Mrs. Carl Tillman, Clinton, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Heart failure</u></p> <p style="text-align: center;">DUE TO (b) <u>Uremia</u></p> <p style="text-align: center;">DUE TO (c) <u>Generalized arteriosclerosis</u></p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>2 months</u> <u>years</u></p> <p>PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>April 29, 1961</u> to <u>20 May, 1963</u> and last saw ^{her} _{him} alive on <u>7 May, 1963</u></p> <p>Death occurred at <u>5:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p>22a. SIGNATURE (Name or title) <u>Bernard Brock, MD</u> 22b. ADDRESS <u>116 South main Windson, Mo.</u> 22c. DATE SIGNED <u>5/20/63</u></p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>5/22/63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u> 23d. LOCATION (City, town, or county) (State) <u>Chilhowee, Missouri</u></p> <p>24. FUNERAL DIRECTOR ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>5-22-1963</u> 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>	

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DATE AMENDED
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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 J. Cook

Licensed Embalmer No. 4335
P. O. Address Chilhowee, 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.

Permit Obtained 5-22-63 (M.B.)