

FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12768**

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>4386</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>				
b. CITY OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (in this place) <u>17 years</u>		c. CITY OR TOWN <u>Thayer</u>		0750		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Logan</u> c. (Last) <u>Maxwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 24, 1863</u>		
9. AGE (in years last birthday) <u>91</u>		IF UNDER 1 YEAR <u>7</u> Days		IF UNDER 1 YEAR <u>7</u> Hours		IF UNDER 1 MS. <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sparta, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas C. Maxwell</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Caudle</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cordas Rees</u> ADDRESS <u>Thayer Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive pneumonia</u> ANTECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		4500		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from <u>1953</u> , 19____, to <u>1955</u> , 19____, that I last saw the deceased alive on <u>3-30-55</u> , 19____, and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Arthur Wolf</u>				23b. ADDRESS <u>Mammoth Spring, Ark.</u>		23c. DATE SIGNED <u>4-2-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wirth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wirth (Sharp) Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>4/12-1955</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard C. ...</u> ADDRESS _____				

(Licensed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0750

0

WOLF

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4516

P. O. Address Shayna Ave.

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 this body is not embalmed, fact should be so stated above.