Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009136
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Trenton Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 707 Avalon Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton c 402 0 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 707 Avalon Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Thomas Middle W. Last Maxwell
4. DATE OF DEATH Month Mar Day 14 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH June 7, 1873
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Harrison County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James C Maxwell
13b. MOTHER'S MAIDEN NAME Minerva Chreswell
14. NAME OF HUSBAND OR WIFE Gilly Maxwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Gilly Maxwell Address Trenton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cardio-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: about 8 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerosis — Few years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 March 1, 1959, to March 14-59 and last saw ~~her~~ him alive on March 12-1959
Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O H Cullers (Degree or title) M.D. 0
22b. ADDRESS Trenton Mo
22c. DATE SIGNED 3-15-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/16/59
23c. NAME OF CEMETERY OR CREMATORY Cat Creek Cemetery
23d. LOCATION (City, town, or county) Harrison Co. (State) Missouri
24. FUNERAL DIRECTOR J. Gordon Blackman ADDRESS Trenton Mo.
25. DATE RECD. BY LOCAL REG. 3-16-59
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 ..Claude H. Crandall

Licensed Embalmer No. 4986

P. O. Address Trenton, 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.