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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24693

Registration District No. 105 — Primary Registration District No. 5754 — Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Rural St Aubert
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R #1 Mokane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Callaway
(c) City or town: Rural St Aubert
(If outside city or town limits, write "RURAL")
(d) Street No.: R #1 Mokane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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0
0

3. (a) PRINT FULL NAME: DELBERT RAY MADDOX
3. (b) If veteran, name war: ....
3. (c) Social Security No.: ....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Child
6. (b) Name of husband or wife: ....
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: 7 (Month) 25 (Day) 1941 (Year)
8. AGE: Years ..... Months ..... Days ..... If less than one day: 1 hr. 30 min.
9. Birthplace: R #1 Mokane (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Child
11. Industry or business: ....
FATHER
12. Name: Leo Maddox
13. Birthplace: Callaway Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Katherine Diehl
15. Birthplace: Fulton (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Leo Maddox
(b) Address: R #1 Mokane
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Steedman, Mo.
18. (a) Signature of funeral director: Leo G. Wallace
(b) Address: Fulton Mo
19. (a) July 26, 1941 (Date received local registrar) (b) W. H. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25 year 1941 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from 7-25 1941 to 7-25 1941 that I last saw him alive on 7-25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ....
Of autopsy: ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ....
(b) Date of occurrence: ....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: ....
23. Signature: W. D. Payne (M. D. or other) Mo
Address: R #6 Fulton Date signed: 7-26-41

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(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harold J. Christy

Licensed Embalmer No. 4022

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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