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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4409

FILED MAR 8 1948

Registration District No. 78

Primary Registration District No. 5364

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 Miles South West Gallatin, Mo.
(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) 4 Years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town "Rural" Liberty Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles South West Gallatin, 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ira Edward Maddox

3. (b) If veteran, name war World War 2

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 5
year 1948 hour About 5 minute A. M.

21. I hereby certify that I attended the deceased from found dead in barn, 19____, to due to shot gun;
that I last saw h_____ alive on wound in head, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 9 1916
(Month) (Day) (Year)

Immediate cause of death Suicide due to gunshot wound in head

Due to poor health

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>3</u>	<u>26</u>	____ hr. ____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business General Farming

12. Name Oliver Maddox

13. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Campbell

15. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Maddox

(b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 12 Febr. 1948 (Date received local registrar) (b) Vernon M Engelhart (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Feby - 5 - 1948

(c) Where did injury occur? RURAL DAVIESS Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON FARM IN BARN

While at work? No (Specify type of place) (e) Means of injury Gun Shot

23. Signature Wm Bailey (Print or other) 2
Address Gallatin, Mo Date signed 2-10-48

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

MOTHER FATHER

Coroner Daviess County

DISTRICT HEALTH OFFICE
Cameron, Mo.

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MAY 8

1948

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

L. O. Dickerson

Licensed Embalmer No.

3307

P. O. Address

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