

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 114

National Office of Vital Statistics
FILED APR 27 1948
294

Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution 1600 Douglas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 225 Sparks Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bettie L. Maddox

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr, day 17, year 1948, hour 9, minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 6, 1946 to April 17, 1948
that I last saw her alive on April 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to Arteriosclerosis

Duration 2 yrs

Due to _____ 5 yrs.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: Aug 31 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 5 16 _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Andrew Williams

13. Birthplace D.K. _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Amelia Malloy

15. Birthplace DK _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant John R. Maddox

(b) Address Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date the body was disposed of Apr 20 48
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Apr 20 48 (Date received local registrar) (b) Leah Williams (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause of 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? _____ (a) Means of injury _____

23. Signature John R. Maddox (M. D. or other) M.D.

Address 208 1/2 N. Hill St Date signed Apr 20 48

RECEIVED
District Health Officer No. 10
District File Number 4-48-76
Date Filed APR 26 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 _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Frank D. Hutt
Licensed Embalmer No. 3021
P. O. Address Moberly, 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.