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National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 1 8 4

STANDARD CERTIFICATE OF DEATH

State File No. 10896

Primary Registration District No. 5-6-8-8 4295

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: LINN
(b) City or town: BUCKLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (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: 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Linn
(c) City or town: Bucklin (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: FRED WALTER MADDOX
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 19 (Day), 1884 (Year)

8. AGE: Years 63 | Months 6 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Bucklin (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: Samuel J. Maddox
13. Birthplace: Bucklin (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Ella Cates
15. Birthplace: Bucklin, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Rep. D. Maddox
(b) Address: Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Marion Cemetery
18. (a) Signature of funeral director: Linn Funeral Service
(b) Address: Bucklin, Mo.
19. (a) May 5, 1948 (Date received local registrar) (b) W. B. Erwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 4 year: 1948 hour: 5 minute: 50 P.M.
21. I hereby certify that I attended the deceased from: Aug 10, 1947, to: May 4, 1948; that I last saw him alive on: May 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	2 days
Due to: Infarction	
Due to: Coronary Thrombosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
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? ..... (e) Means of injury: 2
23. Signature: R. A. Dinelbess (M. D. or other) D.O.
Address: Bucklin, Mo. Date signed: 5-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Buckline, 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.