

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 290

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 4 da.		d. STREET ADDRESS (If rural, give location) L720 North 3rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WESLEY	c. (Last) MADDOCK	4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1949
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5. SEX Male	6. COLOR OR RACE Wht	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1873	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. paper hanger & painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rochester, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry d. Maddock	13b. MOTHER'S MAIDEN NAME Jennie T. McGregor	14. NAME OF HUSBAND OR WIFE Anna
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Maddock	ADDRESS 1703N. 3 St. Joseph
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Anuria		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Hypertension		Ukn.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 13, 1949, to Jan 17, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm W Tracy M.D.</i>	23b. ADDRESS 405 Toole Bldg. St. Joseph, Mo.	23c. DATE SIGNED 19 Jan 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Jan 19, 49	24c. NAME OF CEMETERY OR CREMATORY Ashland Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo
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DATE REC'D BY LOCAL REG. Jan. 31, 1949	REGISTRAR'S SIGNATURE <i>E. G. Jenkins</i> 382	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stoney Funeral Home, St. Joseph</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed
Student Embalmer

Signed

John Roy Atkinson

Licensed Embalmer No.

2435

P. O. Address

H. Joseph

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.