

FILED FEB 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4422 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edgerton, Preston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edgerton</b>	
c. LENGTH OF STAY (in this place) <b>14 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dora</b> b. (Middle) <b>Maddox</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>1/7/49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/28/71</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Platte Co., Mo. ( )</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>James Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hayden</b>	14. NAME OF HUSBAND OR WIFE <b>S.P. Maddox</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>S.P. Maddox</b>	ADDRESS <b>Edgerton, Mo.</b>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral regurgitation</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **on Dec. 27, 1948**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Dec. 27, 1948**, and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Robinson, M.D. U</b>	23b. ADDRESS <b>Edgerton, Mo.</b>	23c. DATE SIGNED <b>1-7-49.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/9/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Davis Chapel Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Platte Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-7-49</b>	REGISTRAR'S SIGNATURE <b>Rebecca Rollins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rollins &amp; Nash</b>	ADDRESS <b>Edgerton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

833

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-4-49

APR 14 1949

MAY 25 1949

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.

Student \_\_\_\_\_  
Student Embalmer

Signed Vivian Rollins Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.