

FILED MAR 29 1949

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

89000

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

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Richmond</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Richmond</u>	
c. LENGTH OF STAY (in this place) <u>74 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Smith N. Richmond Highway #13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith North Richmond Highway #13</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Sidney</u> c. (Last) <u>Maddux</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 4 1864</u>
9. AGE (in years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joshua A. Maddux</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Furdige</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa (Purshel) Maddux</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosa Maddux</u> ADDRESS <u>Richmond, Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Cardio Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 1/2</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 1, 1949</u> to <u>Mar 19, 1949</u> , that I last saw the deceased alive on <u>Mar 19, 1949</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. E. G. Revare</u>		23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>Mar 23, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Madley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>
DATE REC'D BY LOCAL REG. <u>March 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> 273	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. L. Funeral Home Richmond, Mo.</u> ADDRESS	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-28-49.....

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.....

Licensed Embalmer No. 4866

P. O. Address Richmond, Va.

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.