No. 300
10.48

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31069

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 312

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1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1240 A.Bird (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 1240 a Bird

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3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Pearl Carr Maddox

4. DATE OF DEATH (Month) (Day) (Year): September 10,1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 6,1876
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (State or foreign country): Fall Creek Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Samuel Thomas Carr
13b. MOTHER'S MAIDEN NAME: Addie Lahue Featheringill
14. NAME OF HUSBAND OR WIFE: Aquilla P.Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs.A.L.Bode — ADDRESS: 1240 a Bird,Hannibal Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio sclerotic heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jun, 1949, *to* Sept 10, 1949, *that I last saw the deceased alive on* Sept 8, 1949, *and that death occurred at* 2:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: Sept-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/12/49
24c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 9-18-49
REGISTRAR'S SIGNATURE: D/E M Lucke — W C Fisher 189 Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W Crawford Smith — ADDRESS: Hannibal Mo.

(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 S Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.