DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32860

State File No.

Registration District No. 2/3 Primary Registration District No. 6269 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months (Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town ~~Marshfield~~ Niangua
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Thomas Lee Maddux

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie Belle

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October - 3 - 1867 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 2 If less than one day x hr. x min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Robert Maddux

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie B. Maddux

(b) Address Niangua, Missouri

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9-29-'49 (Month) (Day) (Year)

(c) Place: burial or cremation Niangua

18. (a) Signature of funeral director [illegible]

(b) Address Marshfield, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1949 hour — 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on Sept. 26, 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Dropsy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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

23. Signature [illegible] (M. D. or other)

Address Niangua Date signed Sept 29 1949

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 4 1949
District Health Office No. 6
District File Number 1049-1098
Date Filed 10-11-49

SEP 7 1950

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 Ley Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.