

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11747

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Niangua	
c. LENGTH OF STAY (In this place) 3 1/2 Mos.		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Maggie		b. (Middle) Belle		c. (Last) Maddux		4. DATE OF DEATH (Month) (Day) (Year) March 19, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 30, 1874		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MRS. 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 Housework		11. BIRTHPLACE (State or foreign country) Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James Himes		13b. MOTHER'S MAIDEN NAME Letha Belk		14. NAME OF HUSBAND OR WIFE Thomas Lee Maddux	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME R.R.#4 ADDRESS Mrs. Wm. V. Murphy Sr. Warrenton Mo.	
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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 3 hrs. 7 mos. 152X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Duodenum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia secondary to above DUE TO (c) Chronic myocarditis & heart failure		
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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Nov 27, 1949, to March 19, 1950, that I last saw the deceased alive on Nov 18, 1949, and that death occurred at 11:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold J. Koblisch M.D.	23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED 3-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-50	24c. NAME OF CEMETERY OR CREMATORY Baptist Church	24d. LOCATION (City, town, or county) (State) Niangua, Mo.
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DATE REC'D BY LOCAL REG. 3-22-50	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

090
5-

REC 201950

RECEIVED MAR 28 1950
District Health Officer No. 9,
District File Number

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 John Shieburg
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.