

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25793

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6143 Registrar's No. 65

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| 1. PLACE OF DEATH a. COUNTY SHELBY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MO. SHELBY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LENTNER MO | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LENTNER MO 1570 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | d. STREET ADDRESS (If rural, give location) _____ | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) ETHEL | b. (Middle) EDITH | c. (Last) MADDEX | JULY 7, 1950 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH AUG. 10, 1889 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months 10 Days 27 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (State or foreign country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

| | | |
|--|---|--|
| 13a. FATHER'S NAME BENJ. HEATHMAN | 13b. MOTHER'S MAIDEN NAME Laura Whitby | 14. NAME OF HUSBAND OR WIFE THOS. N. MADDEX |
|--|---|--|

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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) YES | 17. INFORMANT'S SIGNATURE OR NAME THOS. N. MADDEX | ADDRESS LENTNER 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 15 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 260X |
| 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 none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from May 15, 1939, to July 7, 1950, that I last saw the deceased alive on 6-27, 1950, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE F. A. Barnett (Degree or title) M.D. | 23b. ADDRESS PARIS, MO. | 23c. DATE SIGNED 7-7-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE July 9, 1950 | 24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE |
| 24d. LOCATION (City, town, or county) (State) PARIS MO | 25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey ADDRESS PARIS, MO | |
| DATE REC'D BY LOCAL REG. July 8-50 | REGISTRAR'S SIGNATURE Ada Garrison | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1950

RECEIVED

JUL 1 1 1950

District Health Officer No. 10

District File Number 7-50-1138

Date Filed JUL 1 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. A. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, 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.