S. No. 300
V. 10-48

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

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27644

Dr Critchlow

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Matthews, Mo
c. LENGTH OF STAY (In this place): 2 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Old Folks Home Matthews, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse, Mo 0721
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 2/26/98
9. AGE (In years last birthday): 52 — If under 1 year: Months 5, Days 6 — If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Point Pleasent, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry D. Kitchen
13b. MOTHER'S MAIDEN NAME: Anna Crocker
14. NAME OF HUSBAND OR WIFE: Orland Maddox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: William Kitchen
ADDRESS: Morehouse Mo

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) Carcinoma of breast with — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized metastasis — 18 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 170X

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* 7/31, 1950, *to* 7/31, 1950, *that I last saw the deceased alive on* 7/31, 1950, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. C. Critchlow
(Degree or title): M. D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: Aug 9, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/50
24c. NAME OF CEMETERY OR CREMATORY: Plesant Valey Cem
24d. LOCATION (City, town, or county) (State): R.F.D. Essex, Mo

DATE REC'D BY LOCAL REG. 8-12-50
REGISTRAR'S SIGNATURE: Helen Loud Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Harry L. Jones
ADDRESS: Sikeston, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG 21 1950

[illegible] HEALTH OFFICE No. 3

File No.....

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed John Allitton

Licensed Embalmer No. 2941

P. O. Address Sikes [illegible]

Signed.....
Student Embalmer

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.