

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43154

State File No.

11698

Registrar's No.

No. 300
10.48

FILED JAN 16 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1001**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY 0770	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo.		c. LENGTH OF STAY (In this place) 12 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville, Mo. Route #4.	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle) M	c. (Last) Maddock	12-30-1951.		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married	8. DATE OF BIRTH 4-13-1882		
9. AGE (In years last birthday) 69		10. BIRTHPLACE (State or foreign country) Perry County, Mo.		11. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry County, Mo.	
11a. FATHER'S NAME John Brewer		11b. MOTHER'S MAIDEN NAME Mirara Brewer		11c. NAME OF HUSBAND OR WIFE Henry L. Maddock	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry L. Maddock, Perryville Mo. #4.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11/1/51	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Brain		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
ANTECEDENT CAUSES		DUE TO (c) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12-29-51		19b. MAJOR FINDINGS OF OPERATION. Carcinoma left Temporo-parietal lobe of Brain		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X	

22. I hereby certify that I attended the deceased from **12-18, 1951**, to **12-30, 1951**, that I last saw the deceased alive on **12-30, 1951**, and that death occurred at **1: P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Nancy Abriel M.D.		23b. ADDRESS 6633 S. Kingshighway		23c. DATE SIGNED 12/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-31-1951		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	
		24d. LOCATION (City, town, or county) Perryville, Mo.		(State)	

DATE RECORDED BY LOCAL REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRAEGER-FENWICK FUNERAL HOME	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 1951

(Licensed Embalmer's Statement on Reverse Side)

3402 N. Kingshighway

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. _____

Student _____
Student Embalmer

Signed

Thomas R. Ferwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kensington

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.