

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20144**
Registrar's No. **651-A**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000	
1. PLACE OF DEATH a. COUNTY TRENER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (adj. in loc.)) a. STATE Buffalo, Missouri b. COUNTY Dallas c. CITY OR TOWN Buffalo, Mo.		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) Penecia c. (Last) MADDUX			4. DATE OF DEATH (Month) (Day) (Year) 6 30 1952		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec 10 1878	9. AGE (In years last birthday) 73	10. MONTHS 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Buffalo, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mathew Alford		13b. MOTHER'S MAIDEN NAME Naomi Bray		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Unknown ADDRESS _____		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) Uremia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 years
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) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 6-30, 1952 , to 6-30, 1952 , that I last saw the deceased alive on 6-30, 1952 , and that death occurred at 10:55pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) William J. Daul, M.D.			23b. ADDRESS 609 Cherry, Springfield		23c. DATE SIGNED 6/30/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3, 52	24c. NAME OF CEMETERY OR CREMATORY OAK HAVAN	24d. LOCATION (City, town, or county) (State) Buffalo Mo		
DATE REC'D BY LOCAL REG. 7-11-52	REGISTRAR'S SIGNATURE G. Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Jones Buffalo Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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FILED JUL 14 1952

NOV 19 1952
DEC 9 1952

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 Marion B Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.