

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **340**

FILED JAN 31 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 1310 S. 16th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Verne	b. (Middle) Carlus	c. (Last) Maddix	4. DATE OF DEATH (Month) (Day) (Year) January 23, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30, 1897
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight House Foreman	11. BIRTHPLACE (State or foreign country) Birmingham, Iowa.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight House Foreman	10b. KIND OF BUSINESS OR INDUSTRY Rock Island RR	11. BIRTHPLACE (State or foreign country) Birmingham, Iowa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME E. C. Maddix	13b. MOTHER'S MAIDEN NAME Anna Hawkins	14. NAME OF HUSBAND OR WIFE Belle Maddix
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1.	16. SOCIAL SECURITY NO. 708-10-9925	17. INFORMANT'S SIGNATURE OR NAME Mrs. Belle Maddix	ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease		
	ANTECEDENT CAUSES Cardiac Hypertrophy Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 4260	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **10-29, 1952**, to **1-23, 1953** that I last saw the deceased alive on **10-29, 1952**, and that death occurred at **5:50A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold J. Brunner M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 1-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Grayson Cemetery	24d. LOCATION (City, town, or county) (State) Grayson, Missouri.
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DATE REC'D BY LOCAL REG. Jan 29, 1953	REGISTRAR'S SIGNATURE Paul C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Werner & Solomon General Funeral Home, Inc.	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1953

FEB 14 1953

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

Albert B. Harrington

Licensed Embalmer No.

3258 Mo.

P. O. Address

H. Joseph, 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.