

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17421**

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY J Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 2 1/2 Mo.		7005	
d. FULL NAME OF HOSPITAL OR INSTITUTION Odd Fellows Home Liberty		d. STREET ADDRESS (If rural, give location) 825 S. Park	

3. NAME OF DECEASED (Type or Print) a. (First) MRS. CARRIE b. (Middle) ETTA c. (Last) MADDOK			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 20, 1868		9. AGE (In years last birthday) 84		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Danville, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Leir T. Faulkner		13b. MOTHER'S MAIDEN NAME Mary Ann Coffee		14. NAME OF HUSBAND OR WIFE Chas Maddox Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs M.E. Halá Jr. Indep, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease			5 years
		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			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 5/25, 1953, to 6/9, 1953, that I last saw the deceased alive on 6/8, 1953, and that death occurred at 12:00 noon, from the causes and on the date stated above.

23a. SIGNATURE D. O. Schroeder (Degree or title) M.D.		23b. ADDRESS Liberty, Mo.		23c. DATE SIGNED 6/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill	
				24d. LOCATION (City, town, or county) (State) Near Butler Mo.	

DATE REC'D BY LOCAL REG. June 12, 1953		REGISTRAR'S SIGNATURE Mabel Graham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Mitchell Indep. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Student Embalmer No. _____
Licensed Embalmer No. 3157

P. O. Address Ind. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.