

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. **30216**
Registrar's No. **7015**

| | | | | | | | | |
|--|-------------------------------|--|---|--|---|---|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7015 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Perry | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) 7 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer, Mo. | | 0790 1 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4326 Juniata | | | | d. STREET ADDRESS (If rural, give location) Perryville, Mo Route 4. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) I. c. (Last) Maddock. | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-15-1953 | | | | | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 1-10-1874 | | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo | | 12. CITIZEN OF WHAT COUNTRY 0 | |
| 13a. FATHER'S NAME John Maddock | | | 13b. MOTHER'S MAIDEN NAME Sarah Duvall | | 14. NAME OF HUSBAND OR WIFE Mary Brewer, Deceased | | | |
| 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 Herbert J. Maddock, Fenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Myocardial Damage | | | | |
| | | | | DUE TO (c) Endocarditis | | | | |
| 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) 420.1 | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 July 27 , 1953, to July 15 , 1953, that I last saw the deceased alive on July 14 , 1953, and that death occurred at 6 A. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE R. F. Plag M.D. | | | | 23b. ADDRESS 3150 Woodmont Rd. | | 23c. DATE SIGNED 7/15/53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7-16-1953 | 24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery | | 24d. LOCATION (City, town, or county) (State) Perryville, Mo. | | | |
| DATE REC'D BY LOCAL REG. JUL 17 1953 | | REGISTRAR'S SIGNATURE J. C. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE KRAEGER-FENWICK FUNERAL HOME | | | | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kuyper

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.