

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHDR. MADDUX
8261
State File No.

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.			e. STREET ADDRESS (If rural, give location) 1514 S. KICKAPOO		
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) DARROW c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MARCH 30 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 17 1905	9. AGE (In years last birthday) 48	10. IF UNDER 1 YEAR Months Days
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 (City and State or Foreign Country) PINCKNEYVILLE, ILL.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE GIESER		13b. MOTHER'S MAIDEN NAME FLORA HART	
14. NAME OF HUSBAND OR WIFE GEORGE DARROW		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME GEORGE DARROW		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 15 Mo. *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4013		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 1/15 , 19 52 , to 3/30 , 19 54 that I last saw the deceased alive on 3/30 , 19 54 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. P. Maddux M.D. (Degree or title)			23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 3/30/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-2-54	24c. NAME OF CEMETERY OR CREMATORY SHILO, ILLINOIS		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3-31-54		REGISTRAR'S SIGNATURE Wm. Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

9561 S 70P
JUL 5 1958

APR 9 1958

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

Signature of Student Embalmer

Signed

Walter E Hamelton

Licensed Embalmer No. 386

P. O. Address

Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.