

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17877**

BIRTH NO. FILED JUN 21 1954 REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **525**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Adrian	
c. LENGTH OF STAY (in this place) 7 Hrs.		d. STREET ADDRESS (If rural, give location) 0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Louesa b. (Middle) Cora c. (Last) Maddy		4. DATE OF DEATH (Month) (Day) (Year) June 15 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10, 1863
9. AGE (In years last birthday) 91		10. UNDER 1 YEAR Months 2 Days 5	11. UNDER 22 YRS. Hours 5 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hwfe		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Pitzwalk Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Christian Telschow		13b. MOTHER'S MAIDEN NAME Marie Voss		14. NAME OF HUSBAND OR WIFE James A. Maddy	
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Paxton, Adrian 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial ANTECEDENT CAUSES Morbidity 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. Age		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	

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) 491 X	
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 **6-13**, 19**54** to **6-13**, 19**54**, that I last saw the deceased alive on **June 16, 1954** and that death occurred at **11:30**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Robinson		(Degree or title)		23b. ADDRESS Adrian Mo.		23c. DATE SIGNED 6-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-54		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.		24d. LOCATION (City, town, or county) (State) Adrian Mo.	

DATE REC'D BY LOCAL REG. June 16-54		REGISTRAR'S SIGNATURE Rendall Kerney		25. FUNERAL DIRECTOR'S SIGNATURE Sup. Funeral Service		ADDRESS Adrian Mo.	
---	--	--	--	---	--	------------------------------	--

(Licensed Embalmers' Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____ *Adrian Mo*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.