

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11063**

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 403
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Most Life	c. CITY OR TOWN St. Joseph	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: Manor House 110 So.10th St.		e. STREET ADDRESS (If rural, give location) 708 North 4th Street		
3. NAME OF DECEASED (Type or Print) a. (First) EMMETT		b. (Middle)	c. (Last) MADDOX	4. DATE OF DEATH (Month) (Day) (Year) April 13 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1888	9. AGE (In years last birthday) 66 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Laura Maddox (Deceased)	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emmett W. Maddox St. Joseph, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial 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) Chronic Cardio Vascular Degenerative disease		Ukn.
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism; Pt. fell from 2nd story porch at 708 N. 4th on 4-10-55, (home)		at 1:00PM
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION X-rays showed no fractures		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 10, 1955 1:00P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from 2nd story porch.		
22. I hereby certify that I attended the deceased from 10-5, 1953 , to 4-13, 1955 that I last saw the deceased alive on 4-10, 1955 , and that death occurred at 7:00 Am. , from the causes and on the date stated above.				
23a. SIGNATURE H. F. Mundy		(Degree or title) M.D.	23b. ADDRESS 2801 Sacramento St. Joseph, Mo.	23c. DATE SIGNED 4-14-55
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Joseph City Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. April 20, 1955	REGISTRAR'S SIGNATURE Catharine M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Funeral Home St. Joseph, Mo.	

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.....
Signature of Student Embalmer

Signed... *Charles E. Bennett*

Licensed Embalmer No. *4622*

P. O. Address *St. Joseph*

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.