

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8635

State File No. \_\_\_\_\_

FILED APR 6 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Campbell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Campbell Rte. 2</u>			e. STREET ADDRESS (If rural, give location) <u>Rte. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDDIE</u> b. (Middle) <u>DEWEY</u> c. (Last) <u>MADDOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Chocataw, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Maddox</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Pabatt</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Maddox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>488-42-6504</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Maddox, Campbell, Rte. 2</u>		
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) <u>Bronchogenic Carcinoma Right Lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>		
ANTECEDENT CAUSES <u>metastases</u>			DUE TO (b) _____		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			_____		
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) <u>162X</u>		_____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>5/21, 1956</u> , to <u>3/22, 1956</u> , that I last saw the deceased alive on <u>3/22, 1956</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wallace A. Selsby M.D.</u>			23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>3/26/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 24, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-25-1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Pearl Maddox</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo</u>		

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

90-0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-3-56

COUNTY FILE NUMBER 456-1

APR 9 1956

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 Christina M. Landers

Licensed Embalmer No. 422

P. O. Address Campbell

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.