

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26091

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 947

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2nd St. Joseph | | 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 St. Joseph Hospital | | e. STREET ADDRESS (If rural, give location) 1210 S. 9th Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Mae c. (Last) Mattox | | | 4. DATE OF DEATH (Month) (Day) (Year) August 25, 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH October 21, 1889 | 9. AGE (In years last birthday) 66 | 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 At home | 11. BIRTHPLACE (City and State or Foreign Country) Braymer, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME James Houston McBee | | 13b. MOTHER'S MAIDEN NAME Rowena Fowler | | 14. NAME OF HUSBAND OR WIFE Perry O. Mattox | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Don Mattox St. Joseph, Mo. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 442X | | 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) | |
| 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 8/20, 1956, to 8/25, 1956, that I last saw the deceased alive on 8/24, 1956, and that death occurred at 2:45 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Quentin W. Hoar MD | | 23b. ADDRESS Corby Bldg. St. Joseph, Mo | | 23c. DATE SIGNED 8/28/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug. 27, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri. | | | |

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| DATE REC'D BY LOCAL REG. Sept 4, 1956 | | REGISTRAR'S SIGNATURE Kathleen M. Allison | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer & Deaman, St. Joseph, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

4850

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 *Ellert B. Harrington*
Licensed Embalmer No..... 3258 Mo

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