

State File No. **32831**

FILED SEP 17 1956

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BIRTH NO.		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 6082		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Gilliam		c. LENGTH OF STAY (in this place) 74 yrs		c. CITY OR TOWN Gilliam		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION no				f. STREET ADDRESS (If rural, give location) R. F. D. 0970			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Lola		c. (Last) Maddox		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13-1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 11-1882	
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 7 Days 26		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME M. D. Powell		13b. MOTHER'S MAIDEN NAME Margaret Aeilshire		14. NAME OF HUSBAND OR WIFE Mike Maddox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mike Maddox, Gilliam, Mo.		ADDRESS	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of brain 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 Her Regular Physician was absent & I viewed body. Family stated that she had been examined & above diagnosis given. 193x				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from after death to 9-13-1956, that I last saw the deceased alive on 9-13-1956, and that death occurred at 9:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE D. J. Meacham M.D.		(Degree or title)		23b. ADDRESS Beater Mo.		23c. DATE SIGNED 9-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/16/1956		24c. NAME OF CEMETERY OR CREMATORY Gilliam Cemetery		24d. LOCATION (City, town, or county) (State) Gilliam, Mo.	
DATE REC'D BY LOCAL REG. 9/15/56		REGISTRAR'S SIGNATURE Mrs. Earl M. M. Hilde		25. FUNERAL DIRECTOR'S SIGNATURE Hilde Bros.		ADDRESS Slater Mo.	
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1292

P. O. Address.....

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.