. Health,
& Welfare
. Public
Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12203
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 419

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 723 S. 23rd St. — Length of stay in 1b: 13 yrs

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2112 So. 14th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle ALLEN Last MADDOX
4. DATE OF DEATH (Month, Day, Year): April 14, 1957
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 20, 1920
9. AGE (In years last birthday): 36 — 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): Maintenance Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Dugdale Packing Co.
11. BIRTHPLACE (City and state or country): Gower, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Maddox
14. MOTHER'S MAIDEN NAME: Josephine Mitchell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.#II
16. SOCIAL SECURITY NO.: 496-09-3081
17. INFORMANT: Address: Mrs. J.A. Maddox, 2112 S.14th, St.Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Signed as an unattended death in
DUE TO (c): the City of St. Joseph Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 4-14-57, to ____ and ~~last~~ saw him alive on ____
Death occurred at 9:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Richard L Magnin M.D. (Degree or title) Assistant City Health Officer
22b. ADDRESS: Pho + Surg Bldg 216, St Joseph Mo
22c. DATE SIGNED: 4-15-57
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4/17/1957
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.
24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St Joseph Mo
25. DATE REC'D BY LOCAL REG.: April 18, 1957
26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

4X5

MAY 1 1957

FEB 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Billie C. Gonder

Licensed Embalmer No. 498

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.