

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009361
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> <u>1300</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		c. CITY OR TOWN <u>Buffalo</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>Life</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>DESSIE</u> Middle <u>MADDUX</u> Last <u>MADDUX</u>			4. DATE OF DEATH Month <u>9</u> Day <u>10</u> Year <u>1958</u>		
5. SEX <u>F!</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-23-1892</u>	9. AGE (In years last birthday) <u>65</u>	FUNDER 1 YEAR Months <u>9</u> Days <u>18</u> Hours <u>-</u> Min. <u>-</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework Dallas Co</u>	11. BIRTHPLACE (City and state or country) <u>Dallas Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John W. Beck</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Roy Maddux</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>445X</u>	17. INFORMANT <u>mae marion self Buffalo, mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric Hemorrhage, massive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Maliguent Hypertension</u>	<u>5-6 yrs</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>0</u>
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20c. TIME OF INJURY Hour <u>2</u> a.m. <u>0</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Buffalo</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>8-30-46</u> to <u>3-10-58</u> and last saw her alive on <u>3-7-58</u> Death occurred at <u>2 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>E. Sniffen M.D.</u> (Degree or title)	22b. ADDRESS <u>Buffalo MO</u>	22c. DATE SIGNED <u>3-10-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Buffalo, mo.</u>
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24. FUNERAL DIRECTOR <u>L.B. Jones</u>	ADDRESS <u>Buffalo, mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3/17/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Grace Petree</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cleethan.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo.....

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.