

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010079

STATE FILE NUMBER

FILED MAR 25 1959 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>LINN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARCELINE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MARCELINE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>229 W. HOWELL</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>229 W. HOWELL</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>IVA</b> Middle <b>Lillian</b> Last <b>MADDOCK</b>				4. DATE OF DEATH Month <b>3</b> Day <b>19</b> Year <b>1959</b>						
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JULY 17, 1897</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>2</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>MARCELINE Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>JOHN W. PORTER</b>				14. MOTHER'S MAIDEN NAME <b>ROSSETA JACKSON</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT <b>LEM MADDOCK</b>		Address <b>MARCELINE</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>								INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arterio sclerosis</b>						unknown		
		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 checked="" type="checkbox"/>		
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.) <b>4201</b>							
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>										
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		COUNTY		STATE		
21. I attended the deceased from <b>May 1951</b> , to <b>Mar. 19, 1959</b> and last saw her <b>alive</b> on <b>Mar. 19th</b> Death occurred at <b>7:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>John Otis Clark D. O. 2</b>				22b. ADDRESS <b>124 W. Ritchie, Marceline Missouri</b>			22c. DATE SIGNED <b>3/19/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET CEM.</b>			23d. LOCATION (City, town, or county) <b>MARCELINE Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>Miller-Tillotson</b>				ADDRESS <b>MARCELINE</b>		25. DATE RECD. BY LOCAL REG. <b>3-19-59</b>		26. REGISTRAR'S SIGNATURE <b>Brookie Owens</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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APR 14 1959

APR 7 1959

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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 *Silburn K. Tice*

Licensed Embalmer No...45

P. O. Address...Marietta

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