

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1959

59-022617

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 247

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
a. COUNTY <u>St. Francois</u>	Length of stay in 1b	a. STATE <u>MO</u>	b. COUNTY <u>ADRAIN</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eschen</u>		c. CITY OR TOWN <u>MEXICO</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>ELLA</u>	Middle <u>M.</u>	Last <u>Maddox</u>	Month <u>July</u>	Day <u>2</u>
Year <u>1959</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 4 - 1872</u>	9. AGE (last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MEXICO, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Richard Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Rigg</u>		14. NAME OF HUSBAND OR WIFE <u>James Maddox</u>
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.	17. INFORMANT <u>MRS. Gola LADMAN, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>ACUTE CIRCULATORY FAILURE</u>			<u>1da</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CORONARY THROMBOSIS, OLD + NEW</u>		<u>1da - ?</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS -</u>		<u>Sev. yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>FRACTURED Hip</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>FELL AT HOME</u>
20c. TIME OF INJURY Hour a.m. p.m. <u>Apr 1959</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>MEXICO MO.</u>	COUNTY	STATE
21. I attended the deceased from <u>7-2-1959</u> to <u>7-2-1959</u> and last saw her/him alive on <u>7-2-59</u> Death occurred at <u>11:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>M. K. K... (Embalmer)</u>		22b. ADDRESS <u>Harmington Mo</u>		22c. DATE SIGNED <u>7-3-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN M. PARK</u>	23d. LOCATION (City, town, or county) <u>MEXICO MO.</u>	(State) <u>MO.</u>

24. FUNERAL DIRECTOR <u>R. Caldwell</u>	ADDRESS <u>Flat River Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 9, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1959

MS SEP 12 1959

OCT 13 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat River

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