

13881

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942

Registration District No. 72

Primary Registration District No. 3008

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: 300 MARKET ST 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. South Market 300
(If rural, give location)

(e) If foreign born, how long in U. S. A. Native years.

3. (a) PRINT FULL NAME STERLING PRICE MADDOX

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 1939, to 4-20, 1942
that I last saw him alive on 4-20, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife NANNIE MADDOX

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 4 1862
(Month) (Day) (Year)

Immediate cause of death Engorgement of aorta

Due to Cardio Vasculer Hypertension + Arterio-sclerosis

Due to _____

Other conditions Hypertension
(Include pregnancy within 4 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration about 1 month

PHYSICIAN _____
Underline the cause to which death should be charged statistically

8. AGE: Years 80 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Michael Maddox

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dudley

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Nannie Maddox

(b) Address 300 Market St Fulton Mo.

17. (a) Burial (b) Date thereof 4/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Place Mo.

18. (a) Signature of funeral director Geo Wallace

(b) Address Fulton Mo.

19. (a) 4-22-1942 (b) Jane M... ..
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.D. Payne M.D. (M. D. or other) _____
Address R # 6 Fulton Mo. Date signed 4/22/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

....., Registered Apprentice No.
working under my personal supervision.

Signed

Ernest S. ...
.....
Licensed Embalmer No. *3940*

P. O. Address *Fulton, Mo.*

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 this body is not embalmed, above space should be left blank.