

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6249 State File No. 7236

BIRTH NO. 48-62998 REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 111	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Penton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) 4 months		d. STREET ADDRESS (If rural, give location) Benton Twp. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) XXXX c. (Last) Ire MacFaden			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1949			
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0	8. DATE OF BIRTH Oct. 9, 1948	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 2	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) 0 Poplar Bluff, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram MacFaden		13b. MOTHER'S MAIDEN NAME Ruth Hill		14. NAME OF HUSBAND OR WIFE Infant 2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or partially) (If yes, give war or dates of service) Infant		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME Hiram MacFaden ADDRESS Leeper Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation			at once	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Destruction of Brain				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION G.I. file			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Leeper 111 Wayne Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 11 1949 9:08		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Destruction of Home by fire	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin E. Boulder Council Keedmont		23b. ADDRESS Keedmont		23c. DATE SIGNED Feb. 12-49	
24a. BURIAL CREMATATION (Specify) Burial		24b. DATE Feb. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Allwood Cem	
				24d. LOCATION (City, town, or county) (State) Reynolds Co. Mo	
DATE REC'D BY LOCAL REG. Feb. 11-49		REGISTRAR'S SIGNATURE Susie E. Piles 340		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 349-31

Date filed 3-7-49

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.....

1) *was not embalmed*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Warren E. Brewer*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont*

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, fact should be so stated above.