

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13311

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

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5902</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Hayti</u> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>10</u> OR TOWN <u>Rural Hayti</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Elipton</u>		a. (First)		b. (Middle) <u>McFadden</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Aug 8 1909</u>		9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Earle, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1 45</u>	
13a. FATHER'S NAME <u>Andrew McFadden</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Elizabeth Hill</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Belle Thomas</u> ADDRESS <u>Hayti Mo.</u>			
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) <u>Burned up in House Fire</u>		ANTECEDENT CAUSES				89160	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hayti Remiscot Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 17, 1949 11:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House Fire</u>			
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) <u>James A. Rubin, Coroner</u>				23b. ADDRESS <u>Caruthersville Mo.</u>		23c. DATE SIGNED <u>4-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-49</u>		REGISTRAR'S SIGNATURE <u>John W German</u>		406		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W German</u> ADDRESS <u>Hayti Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

5-49-131

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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.

*not Embalmed*  
Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.