

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42026

State File No.

FILED DEC 19 1949

BIRTH NO. 82222-49 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 110

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - PAIRVILLE, Township</u>	
c. LENGTH OF STAY (in this place) <u>21 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u> b. (Middle) <u>Harold</u> c. (Last) <u>Madden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12. 9. 49</u>		
5. SEX <u>Male</u>		6. COLOR OF HAIR <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>12-9-49</u>		9. AGE (In years last birthday) <u>21 hrs.</u>		IF UNDER 1 YEAR Months Days <u>21 -</u>	
IF UNDER 1 HR. Hours Min. <u>21 -</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo. U</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Andrew Robert Andrew Madden</u>		13b. MOTHER'S MAIDEN NAME <u>Lilly Geneva Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Andrew Madden, Eolia, Mo.</u>	
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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>ATELECTASIS</u>		ANTECEDENT CAUSES		<u>1 DAY</u>	
*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) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>7620</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 12-9, 1949, to 12-10, 1949, that I last saw the deceased alive on 12-10, 1949, and that death occurred at 1:47 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. P. Russell, MD</u>		23b. ADDRESS <u>Louisiana, Mo.</u>		23c. DATE SIGNED <u>12-10-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eolia Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Eolia, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12-10-49</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		374 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCue Hardware - Eolia, Mo.</u>	
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RECEIVED DEC 15 1948
District Health Officer No. 10
District File Number 12-49-209
Date Filed DEC 15 1948

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 _____

This baby was not embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed.....

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.