

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1950

BIRTH NO. _____ REG. DIST. NO. **105** PRIMARY REG. DIST. NO. **4177** Registrar's No. **2**

1. PLACE OF DEATH

a. COUNTY **DUNKLIN**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clarkton**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Dunklin**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clarkton**

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) **Very** b. (Middle) **Mc** c. (Last) **Fadden**

4. DATE OF DEATH (Month) (Day) (Year)
1-21-1950

5. SEX **Male** **6. COLOR OR RACE** **White**

7. MARRIED? NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
5-10-1896

9. AGE (In years last birthday) **73** **10. IF UNDER 1 YEAR** Months **8** Days **11** **11. IF UNDER 1 HOUR** Hours **11** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Unknown

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Lillie McFadden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME **Lillie McFadden** **ADDRESS**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**

ANTECEDENT CAUSES

DUE TO (b) **hypertension**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **Jan. 21, 19 **50**, and that death occurred at _____ m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title)
Walter A. Hartman's Coroner

23b. ADDRESS
Kennett Mo.

23c. DATE SIGNED
1-21-50

24a. BURLIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
1-23-50

24c. NAME OF CEMETERY OR CREMATORY
Stanfield

24d. LOCATION (City, town, or county) (State)
Near Clarkton Mo.

DATE REC'D BY LOCAL REG.
2-7-1950

REGISTRAR'S SIGNATURE
Marguerite George

25. FUNERAL DIRECTOR'S SIGNATURE **Lloyd Russell** **ADDRESS**

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

MAR 1 1950

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 2-9-50
County File No. 250-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

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.