

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1549

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Cartersville		c. CITY OR TOWN Cartersville	
c. LENGTH OF STAY (in this place) 60yr		d. STREET ADDRESS (If rural, give location) 204 Cass St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 Cass St.			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) W. c. (Last) MADDEN			4. DATE OF DEATH (Month) (Day) (Year) January 13, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 4, 1883		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Days 6 Hours 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder		10b. KIND OF BUSINESS OR INDUSTRY Moulding		11. BIRTHPLACE (State or foreign country) Smithfield, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George W. Madden		13b. MOTHER'S MAIDEN NAME Sarah E. Fountain		14. NAME OF HUSBAND OR WIFE Bertha Madden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. [check]		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Madden Cartersville, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES (b) Arteriosclerotic Heart Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 1200	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 7-27, 1948, to 1-13, 1949, that I last saw the deceased alive on 1-13, 1949, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE James T. Flaherty, M.D.		23b. ADDRESS 3197 Main St. Cartersville, Mo.		23c. DATE SIGNED 1-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-16-50		24c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	
24d. LOCATION (City, town, or county) (State) Cartersville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri			
DATE REC'D BY LOCAL REG. Jan 16-50		REGISTRAR'S SIGNATURE [Signature]		137	

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

0490
1

0493
1

RECEIVED 1-25-50
Jasper County Health Office

County File Number 50-1-29

Date Filed 1-28-50

FILED
JAN 2 1950

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.

Signed.....
Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *44405*

P. O. Address *Webb City 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, fact should be so stated above.