

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5465

671

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>MISSISSIPPI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MISSISSIPPI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EAST PRAIRIE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EAST PRAIRIE</b>	
c. LENGTH OF STAY (In this place) <b>24 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>ELIZA</b>			a. (First)			b. (Middle)			c. (Last) <b>MADDEN</b>			4. DATE OF DEATH <b>FEB. 10 - 1950</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 10 - 1878</b>			9. AGE (In years last birthday) <b>71</b>		if UNDER 1 YEAR Months		if UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>				11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>JAMES EAVES</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>JAMES MADDEN</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>—</b>			17. INFORMANT'S SIGNATURE OR NAME <b>JAMES MADDEN</b>			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>						<b>4200</b>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</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 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 <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 **Feb 14**, 19**49**, to **Feb 9**, 19**50**, that I last saw the deceased alive on **Feb 9**, 19**50**, and that death occurred at **3:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold B. Shestrod M.D.</b> (Degree or title)		23b. ADDRESS <b>East Prairie Mo</b>		23c. DATE SIGNED <b>Feb 10/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB-12-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DOGWOOD CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>MISSISSIPPI COUNTY - MO.</b>		DATE REC'D BY LOCAL REG. <b>Feb 13/1950</b>		REGISTRAR'S SIGNATURE <b>Anna Harper</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Debra Travis</b>		26. ADDRESS <b>East Prairie</b>		APPROSS	

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

FEB 15 REC'D

RECEIVED

Miss. Co. Health Dep

County File No. \_\_\_\_\_

Date Filed FEB 17 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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Charles Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.