FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35871

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen City Mo
c. LENGTH OF STAY (in this place): 5 6 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ✓ Queen City 0980
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN John
b. (Middle) EDWARD Edward
c. (Last) MADDERS Madders

4. DATE OF DEATH (Month) (Day) (Year): 10 - 31 - 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb 1 - 1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 30 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): England 4
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Madders
13b. MOTHER'S MAIDEN NAME: Emma Hart
14. NAME OF HUSBAND OR WIFE: Alma Madders Deceased

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.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lila Shaner Queen City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac Decompensation — 1 year
DUE TO (c) Carcinoma upper G.I. Tract — unknown

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

19a. DATE OF OPERATION: None
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): Queen City Schuyler Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? — 1591X

22. *I hereby certify that I attended the deceased from* Sept 15, 1950, *to* Oct 31, 1950, *that I last saw the deceased alive on* Oct 31, 1950, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward M. Roberts D.C.
23b. ADDRESS: Queen City, Mo.
23c. DATE SIGNED: 11/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Nov 2 1950
24c. NAME OF CEMETERY OR CREMATORY: Queen City " "
24d. LOCATION (City, town, or county) (State): Queen City Mo

DATE REC'D BY LOCAL REG.: Nov 1-50
REGISTRAR'S SIGNATURE: Mrs. Lafe Shafer 253
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wm. N. West Queen City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 7 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-18
Date Filed: NOV 8 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 [illegible]

Licensed Embalmer No. 2782

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.