

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16066

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 45

0310
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1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Union Township		c. CITY (If outside corporate limits, write RURAL and give township) Pattonsburg	
c. LENGTH OF STAY (In this place) 17 Months		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION Daviess Co. Convalescent Home			

3. NAME OF DECEASED a. (First) John b. (Middle) Patrick c. (Last) Madden			4. DATE OF DEATH (Month) (Day) (Year) May 19 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 11 1863			9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (State or foreign country) Springfield, Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Madden		13b. MOTHER'S MAIDEN NAME Kathryn Brannon		14. NAME OF HUSBAND OR WIFE Blanche Madden, (Decd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 0-----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Kathryn Zuchouski Belfontain	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>precipitous pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension, myocardial enlargement, paralysis of throat</u> DUE TO (c) <u>enlargement, paralysis of throat</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 17, 1951, to May 18, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H.W. Boley M.D.</u> (Degree or title)		23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>5/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>25 May 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Gallatin, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3307

P. O. Address Pallatius, Md

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.