

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17734

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 116 A. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 116 A. ST.			

3. NAME OF DECEASED (Type or Print) CATHERINE	a. (First)	b. (Middle)	c. (Last) MADDERN	4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 23. 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) NEW ASHLAND PA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM PERRY WHITEKNIGHT	13b. MOTHER'S MAIDEN NAME SARAH ANN FOX	14. NAME OF HUSBAND OR WIFE WILLIAM H. MADDERN
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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 VERNA DINWIDDIE	ADDRESS BONNE TERRE MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis & Atherosclerosis Heart Division of Larynx & Trachea Chronic Nervous Tension DUE TO (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 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) - (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 1950**, to **May 12, 1951**, that I last saw the deceased alive on **May 11, 1951**, and that death occurred at **6:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Mavity (Degree or Title) DO	23b. ADDRESS Bonne Terre Mo.	23c. DATE SIGNED 5/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 15, 1951	24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO.
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DATE REC'D BY LOCAL REG. May 15, 1951	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Bertram Hulse	ADDRESS Bonne Terre Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0941

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 21 1951

RECEIVED

MAY 24 1951

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address 118 Bay St. Detroit 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.