

STANDARD CERTIFICATE OF DEATH

State File No. **31680**  
Registrar's No. **8013**

FILED SEP 22 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3230A Tennyson Sq.</b>		d. STREET ADDRESS (If rural, give location) <b>3230a Tennyson Sq.</b>	

3. NAME OF DECEASED (Type or Print) <b>IOLA</b>	a. (First)	b. (Middle)	c. (Last) <b>MADDIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-8-51</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-23-1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>15</b>	IF UNDER 24 HRS. Hours <b>15</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X X X X X X X X X X</b>	11. BIRTHPLACE (State or foreign country) <b>Blackwell, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Rolla Cole</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Long</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas</b>
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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) <b>X X X X X X X X X X X X X X X X</b>	16. SOCIAL SECURITY NO. <b>X X X X X X X X X X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs George Evans</b>	ADDRESS <b>St. Charles, MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4-5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Heart Disease with</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decompensation</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H200</b>
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22. I hereby certify that I attended the deceased from **1946**, to **Sept 8**, 1957, that I last saw the deceased alive on **Sept 8**, 1957, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Virgil O. Fish</b> (Degree or title) <b>Virgil O. Fish</b>	23b. ADDRESS <b>W.D. 634 N. Grand, St. Louis, Mo.</b>	23c. DATE SIGNED <b>9-8-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-10-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blackwell, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Blackwell, MO.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 10 1957</b> <b>J. Carl Smith W.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>	ADDRESS <b>Funeral Home 7456 Manchester Maplewood, 17 MO.</b>
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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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. C. Burgess*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.