

STANDARD CERTIFICATE OF DEATH

2358

State File No.

FILED FEB 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>892</u>		PRIMARY REG. DIST. NO. <u>6001</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>RALLS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL SALINE TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>52 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL SALINE TOWNSHIP</u> <u>0870</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY</u>				d. STREET ADDRESS (If rural, give location) <u>MONROE CITY</u>			
3. NAME OF DECEASED (Type or Print): a. (First) <u>ANNIE</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>MADDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 27 1952</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DECEMBER 22 1871</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>RALLS COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN B THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ARMINA ABELL</u>		14. NAME OF HUSBAND OR WIFE <u>MICHAEL MADDEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Madden Roland</u> <u>Hambel Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CAROTIC VALVULAR HEART DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u>	
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) <u>4214</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		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 <u>Nov 29, 1951</u> to <u>JAN 27, 1952</u> , that I last saw the deceased alive on <u>JAN 26, 1952</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Hildebrand</u> M.D.				23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>JAN 28, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-29-52</u>		REGISTRAR'S SIGNATURE <u>Clyde W. Wiley</u> <u>267</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SONS</u> <u>MONROE CITY MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leah L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.