S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1952

State File No. 20867

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 290

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2100 N. 7th Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eminco 8040
d. STREET ADDRESS (If rural, give location): 4860 Louise Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): McFadden

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct 23 1885
9. AGE (In years last birthday): 66. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: James McFadden
13b. MOTHER'S MAIDEN NAME: Eliza Mitchell
14. NAME OF HUSBAND OR WIFE: Dorothy McFadden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Dorothy McFadden ADDRESS: 4860 Louise Eminco Calif.

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heat Retention — 2 Days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Virus Influenza. — 4 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1952 *to* June 30, 1952, *that I last saw the deceased* ~~alive on~~ deal 6-30, 1952, *and that death occurred at* 7:10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.
23b. ADDRESS: Frisco Bldg. Joplin Mo.
23c. DATE SIGNED: 6-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 30-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Detroit Mich.

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Ed D. James by Dolores Lampkins D.R. 138-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Mortuary Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-9-52
Jasper County Health Office
County File Number 52/7/519
Date Filed 7-9-52

JUL 11 1952

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 W. E. Huddleston

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin 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.