

STANDARD CERTIFICATE OF DEATH

6940

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Moreau Twp. Ship Liferime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Moreau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>3 miles N of Versailles</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arminda</u> b. (Middle) <u>Kavanaugh</u> c. (Last) <u>Madole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 3, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 2, 1872</u>
9. AGE (In years) (If under 1 year last birthday) <u>81</u> (Months) <u>2</u> (Days) _____ (Hours) _____ (Min.) _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Missouri</u>		13a. FATHER'S NAME <u>Richard Nichols</u>	
13b. MOTHER'S MAIDEN NAME <u>Isabelle Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Hiram M. Madole</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 <u>Mrs. Moss McDonald - Versailles, Mo.</u>		ADDRESS _____	
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>Acute pulmonary edema</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>		<u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>444x</u>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Nov. 1950</u> , to <u>March 3, 1953</u> , that I last saw the deceased alive on <u>March 3, 1953</u> , and that death occurred at <u>444</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack Quinn MD</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>	
23c. DATE SIGNED <u>3-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 5 - 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Birch Rock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 6 - 1953</u>		REGISTRAR'S SIGNATURE <u>J. S. Washburn, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Keenan</u>		ADDRESS <u>Versailles, Mo.</u>	

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

0710

0710

(Licensed Embalmer's Statement on Reverse Side)

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 *Gene H. Sartman*.....

Licensed Embalmer No. 4021.....

P. O. Address JERSAILES, 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.