

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 6 - 1953

BIRTH NO. REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 14

391

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1101 S. Market Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1101 S. Market Street</u>			

0391

3. NAME OF DECEASED (Type or Print) a. (First) <u>Watson</u> b. (Middle) <u>Perry</u> c. (Last) <u>Madden, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 21 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 26, 1885</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	
11. BIRTHPLACE (State or foreign country) <u>Marseilles, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Watson P. Madden, Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Geswein</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Madden</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>327-01-5401</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Madden, Hermann, Mo.</u>	ADDRESS
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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 <u>15 Min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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 1946, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

22a. SIGNATURE <u>John Bryan O. Madden</u> (Degree or title)	23b. ADDRESS <u>Hermann Mo</u>	23c. DATE SIGNED <u>6-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-24-53</u>	REGISTRAR'S SIGNATURE <u>Delma Herken</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugot St. Demuel</u>	ADDRESS <u>Hermann, Mo.</u>
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SEP 18 1956

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.....

Hugo St. Blumel

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.