

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8990

State File No.

BIRTH NO.		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5867</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVILLE</u> b. (Middle) <u>OTTO</u> c. (Last) <u>MADDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1955</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>Dec. 31, 1886</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Thayer, Mo.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Madden</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Morgan</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Phipps Madden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-16-5675</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orville Madden</u>		ADDRESS <u>Thayer, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin Disease</u> ANTECEDENT CAUSES <u>Remedy given</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>July 1953</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hodgkin</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) <u>Thayer, Oregon Co., Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21d. TIME OF INJURY		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>July</u> , 19 <u>53</u> , to <u>Feb 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>55</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Arthur Wolff M.D.</u>				23b. ADDRESS <u>Thayer Mo</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Norman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-2-1955</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Carter</u>		ADDRESS <u>Thayer 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard Carter

Licensed Embalmer No. 4516

P. O. Address Thayer, 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.