

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27094**

FILED AUG 29 1955

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

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN NEOSHO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL HOSP.				e. STREET ADDRESS (If rural, give location) 611 HARMONY ST			
3. NAME OF DECEASED (Type or Print) a. (First) ELSWORTH b. (Middle) HENRY c. (Last) M. FADDEN			4. DATE OF DEATH (Month) (Day) (Year) AUG. 15. 1955				
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH JULY 6, 1874	
9. AGE (In years last birthday) 81			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		11. BIRTHPLACE (City and State or Foreign Country) INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		13a. FATHER'S NAME SIMPSON MCFADDEN		13b. MOTHER'S MAIDEN NAME MARY MADDEN	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE 8750			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Taylor M. Fadden - Neosho, Mo.			
17. ADDRESS: Neosho, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage -</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> Antecedent Causes <u>Arteriosclerosis</u> 104 years *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 12 Aug, 1955 , to 15 Aug, 1955 , that I last saw the deceased alive on 15 Aug, 1955 , and that death occurred at 11:55 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Taylor M. Fadden (Degree or title)				23b. ADDRESS Neosho Mo		23c. DATE SIGNED 30 Aug 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-17-55		24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (City, town, or county) (State) Newton County Mo.	
DATE REC'D BY LOCAL REG. 8/22/55		REGISTRAR'S SIGNATURE Melvin C. Bowers		25. FUNERAL DIRECTOR'S SIGNATURE Looney Thompson		ADDRESS Neosho, Mo.	

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. _____
District File Number _____
Date Filed AUG. 26 1955

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed Barley Thompson, Jr.
Licensed Embalmer No. 488
P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.