

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27150

FILED AUG 19 1955

BIRTH NO. 7851689-55 REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 1908 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holland</u>	c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY OR TOWN <u>Holland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp.</u>		• STREET ADDRESS (If rural, give location) <u>Holland Hwy 0180</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blarasteen</u> b. (Middle) <u>Madden</u> c. (Last) <u>Madden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-2-55</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-25-55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Holland Mo</u>
13a. FATHER'S NAME <u>A. J. Madden</u>		13b. MOTHER'S MAIDEN NAME <u>Rosina V. Lanagan</u>	14. NAME OF HUSBAND/OR WIFE

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.	17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Mae Lamphire</u> ADDRESS <u>Holland Mo</u>	
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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>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (Congenital atelectasis)</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Premature Labor</u>	
DUE TO (c)			
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	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) <u>7625</u>
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 25 July, 1955 to 2 Aug, 1955, that I last saw the deceased alive on 2 Aug, 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Julius W. D. Carruthers, MD</u> (Degree or title)	23b. ADDRESS <u>Carruthersville, Mo</u>	23c. DATE SIGNED <u>Aug 5, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Holland Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/15-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 249-D	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman and Co. St. Louis Mo</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

8-236-55

AUG 16 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 Not Embalmed....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.