

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40328

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 85

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Holt   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Holt |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon |  | c. CITY OR TOWN Oregon  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) Lifetime  |  | e. STREET ADDRESS (If rural, give location) 0470  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |   |

|   |                        |  |  |   |  |  |  |
|---|------------------------|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) William   |                        | b. (Middle)  |  | c. (Last) McFadden  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec. 18, 1955 |  |
| 5. SEX Male   | 6. COLOR OR RACE Black | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married |  | 8. DATE OF BIRTH Oct. 4, 1868                                       |  | 9. AGE (In years last birthday) 87                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer |                        | 10b. KIND OF BUSINESS OR INDUSTRY General                            |  | 11. BIRTHPLACE (City and State or Foreign Country) Oregon, Missouri |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                    |  |

|                                  |  |                                   |  |                             |  |
|----------------------------------|--|-----------------------------------|--|-----------------------------|--|
| 13a. FATHER'S NAME Bill McFadden |  | 13b. MOTHER'S MAIDEN NAME Adeline |  | 14. NAME OF HUSBAND OR WIFE |  |
|----------------------------------|--|-----------------------------------|--|-----------------------------|--|

|  |  |                              |  |   |  |                          |  |
|--|--|------------------------------|--|---|--|--------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO |  | 16. SOCIAL SECURITY NO. None |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Hayes |  | ADDRESS Oregon, Missouri |  |
|--|--|------------------------------|--|---|--|--------------------------|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>not known</i>  |  |  |  |  |  | UNKNOWN  |  |
| *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<br>Conditions contributing to the death but not related to the disease or condition causing death. 7955 |  |  |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE UNKNOWN                     |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home                     |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>Oregon, Mo. Holt MO |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>APP. 12-12-55 7a. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from NO, 19  , to NO, 19  , that I last saw the deceased alive on NO, 19  , and that death occurred at ? m., from the causes and on the date stated above.

|  |  |                            |  |                              |  |
|--|--|----------------------------|--|------------------------------|--|
| 23a. SIGNATURE<br>D. H. E. Coekin coroner Holt Co. |  | 23b. ADDRESS<br>Oregon Mo. |  | 23c. DATE SIGNED<br>12/23/55 |  |
|--|--|----------------------------|--|------------------------------|--|

|  |  |                         |  |  |  |  |  |
|--|--|-------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial |  | 24b. DATE Dec. 23, 1955 |  | 24c. NAME OF CEMETERY OR CREMATORY Maple Grove |  | 24d. LOCATION (City, town, or county) (State) Oregon, Missouri |  |
|--|--|-------------------------|--|--|--|--|--|

|                                     |  |   |  |   |  |
|-------------------------------------|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 12-24-1955 |  | REGISTRAR'S SIGNATURE James H. Crawford 469 |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Pettigrew Oregon Mo |  |
|-------------------------------------|--|---|--|---|--|

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 .....  
Signature of Student Embalmer

Signed *James H Pettijohn* .....  
Licensed Embalmer No. *319* .....  
P. O. Address *Oregon* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.