

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Merada</u> OR TOWN <u>Merada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 32927 m 25th</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>McFadden</u> Last <u>McFadden</u>			4. DATE OF DEATH Month <u>September</u> Day <u>1</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH <u>October 22, 1872</u>	
9. AGE (In years last birthday) <u>84 7/8</u>		8. UNDER 1 YEAR Months <u>10</u> Days <u>9</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>Carpenter & Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Russell County, Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Joseph McFadden</u>	13b. MOTHER'S MAIDEN NAME <u>Leah Hess</u>	14. NAME OF HUSBAND OR WIFE <u>William McFadden</u>
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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. <u>none</u>	17. INFORMANT <u>Hospital records</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia Interstitial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
DUE TO (b) <u>Gen. Arterio Sclerosis</u>		
DUE TO (c) <u>Psychosis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4500</u>
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20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>March 1, 1956</u> to <u>Sept 1, 1957</u> and last saw <u>him</u> alive on <u>Sept 1, 1957</u> . Death occurred at <u>8:10</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>W.C. Bradley M.D.</u> (Degree or title)	22b. ADDRESS <u>State Hospital # 3, Merada, Mo</u>	22c. DATE SIGNED <u>9-1-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-3-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Caglewood Cem.</u>	23d. LOCATION (City, town, or county) <u>Clinton MO</u>	(State)
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24. FUNERAL DIRECTOR <u>Nickman & Dunning</u>	ADDRESS <u>Clinton mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-6-1957</u>	26. REGISTRAR'S SIGNATURE <u>Arma & Ferry</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 21 1957

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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 *Robert L. Dunning*

Licensed Embalmer No. *4710*

P. O. Address. *Clinton*

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.