

State Anatomical Board

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

121

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 5

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY IA#### BARRY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		a. STATE MISSOURI		b. COUNTY BARRY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 1 week		c. CITY OR TOWN CASSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ISAAC		Middle MADEWELL		Last MADEWELL		Date of Death Jan. 14 1958	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 7, 1883	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		9b. KIND OF BUSINESS OR INDUSTRY		9c. AGE (In years last birthday) 74		9d. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Shell Knob, Mo.	
13. FATHER'S NAME Joseph Madewell				12. CITIZEN OF WHAT COUNTRY? USA			
14. MOTHER'S MAIDEN NAME Edith (unkown)				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 Birth certificate			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure							6 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) pulmonary Edema							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 4341				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from 12/9/57 to 1/14/58 and last saw ^{part} alive on 1/4/58 Death occurred at 7:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles J. Grace M.D.				22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 1-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-16-1958	23c. NAME OF CEMETERY OR CREMATORY Mineral Springs Geme.		23d. LOCATION (City, town, or county) Barry Co. Mo.		(State)
24. FUNERAL DIRECTOR Williamson Chapel			ADDRESS Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 1-17-1958	26. REGISTRAR'S SIGNATURE Grace Williams	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 158-21

DATE REC. 1-20-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Doyle E. Williamson

Licensed Embalmer No. 844

P. O. Address Cassville

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