

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006154  
State File No.

FILED FEB 24 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 67

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

3. NAME OF DECEASED (Type or Print) Samuel	a. (First)	b. (Middle) Lewis	c. (Last) Madden	4. DATE OF DEATH (Month) (Day) (Year) February 5, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <del>WIDOWED</del> DIVORCED	8. DATE OF BIRTH April 4, 1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor- Joplin	10b. KIND OF BUSINESS OR INDUSTRY Park System	11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Alec Madden	13b. MOTHER'S MAIDEN NAME Mary Jacobs	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. F. Jarrett, Rt. I, Carl Jct	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Valvular Heart with decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture Right femur surgical neck</i>		
	DUE TO (c) <i>Arterio sclerosis</i>		10 yrs
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 _____	9030 20	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.) <i>Town Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>Carl Junction Jasper Mo</i>	(COUNTY) _____	(STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 1 1958 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fell while making across floor of daughter's home</i>
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22. I hereby certify that I attended the deceased from Jan 1930 to Feb 5, 1958, that I last saw the deceased alive on Feb 2, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ray E. Meyer M.D.</i>	(Degree or title) _____	23b. ADDRESS <i>Joplin Mo 614 A Joplin St</i>	23c. DATE SIGNED <i>Feb 7 1958</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-1958	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin Missouri
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DATE REC'D BY LOCAL REG. 2-12-1958	REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Steve Parker</i>	ADDRESS <i>Mortuary Joplin Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 58-2-161  
Date Filed FEB 17 1958

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 *H. M. Jones*.....

Licensed Embalmer No. *2311*

P. O. Address *Joplin*.....

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.