

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012479

STATE FILE NUMBER

FILED APR 27 1959

RN: A590

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 188

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WAYNE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEEBER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 1 DAY	d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM EVERETT MCFADDEN			4. DATE OF DEATH Month Day Year APRIL 9 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-11-92		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) WAYNE COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAKE MCFADDEN		13b. MOTHER'S MAIDEN NAME ELLEN CLYBURN		14. NAME OF HUSBAND OR WIFE JEWEL MCFADDEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, war or dates of service) YES NWI		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOVASCULAR DISEASE DUE TO HYPERTENSION OF LESSER CIRCULATION. DUE TO (b) CHRONIC BRONCHITIS. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 3 Weeks. 10-15-Years.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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	
21. <input checked="" type="checkbox"/> attended the deceased from April 9, 1959 to April 9, 1959 Death occurred at 8:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, Chief, Med. Sv.			22b. ADDRESS VAH, Poplar Bluff, Mo.		22c. DATE SIGNED 4-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/12/1959	23c. NAME OF CEMETERY OR CREMATORY ALLWOOD CEM		23d. LOCATION (City, town, or county) (State) LEEBER Mo
24. FUNERAL DIRECTOR ADDRESS GISH FUNERAL HOME PIEDMONT, MO.			25. DATE RECD. BY LOCAL REG. 4/18/59		26. REGISTRAR'S SIGNATURE <i>R. S. Cohen</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION300
1-57

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont

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.