Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017376
STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. ~~519~~ 521

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hosp. — Length of stay in 1b 4½ months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 517 S. Montevista — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Adolph Middle Gary Last Madsen
4. DATE OF DEATH Month May Day 26, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec. 9, 1920
9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Adolph Garfield Madsen
13b. MOTHER'S MAIDEN NAME Orris M. Cox
14. NAME OF HUSBAND OR WIFE Betty Madsen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 499-07-4711
17. INFORMANT Address Betty Madsen--Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Syringobulbia — 2 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 357X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5/13/59 to 5/26/59 and last saw ~~her~~ him alive on 5/26/59
Death occurred at 2:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. J. McAlhany, MD
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 5/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-28-1959
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS Rex Rainey--Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 5-28-59
26. REGISTRAR'S SIGNATURE Effie G. Meeton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. J. McAlhany M.D.

JUL 20 1959
JUN 1959

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 [signature]

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo.

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.