URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010242

STATE FILE NUMBER

FILED VS APR 5 1960

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 706 S. Grove
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 706 S. Grove
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Jesse Middle: S. Last: Madison
4. DATE OF DEATH: Month 3 Day 26 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-5-1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Hope, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Madison
13b. MOTHER'S MAIDEN NAME: Mary Bryant
14. NAME OF HUSBAND OR WIFE: Arzelia Madison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-20-2465
17. INFORMANT: Arzelia Madison
Address: 706 S. Grove El Dorado Sp.

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): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left partial hemiplegia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 12-23-55, to 3-3-60 and last saw him alive on 3-3-60
Death occurred at 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Robert L. Magee M.D.
22b. ADDRESS: El Dorado Springs, Mo.
22c. DATE SIGNED: 3-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-29-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Vernon Cemetery
23d. LOCATION (City, town, or county) (State): Vernon Co., Mo.
24. FUNERAL DIRECTOR: Shrum Brothers
ADDRESS: El Dorado Sp., Mo.
25. DATE RECD. BY LOCAL REG.: 3-28-60
26. REGISTRAR'S SIGNATURE: Ruth M. Nafus

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Max W. Siebering

Licensed Embalmer No. 7696

P. O. Address El Dorado

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