

IIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012253

FILED VS. APR 5 1960 316

Registration District No. 3059 Registrar's No. 126

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 9 days		c. CITY OR TOWN Fertle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Blackwell Star Rt.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Newton Maddin				4. DATE OF DEATH Month March Day 27 Year 1960									
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 3/25/1875		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME James Maddin			13b. MOTHER'S MAIDEN NAME Carline Millsap			14. NAME OF HUSBAND OR WIFE							
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 Mamie Potashnick, Potosi, Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction myocardium.										INTERVAL BETWEEN ONSET AND DEATH 10 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis. DUE TO (c) Arteriosclerosis.													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis.										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)									
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 Mar. 19, 1960 to Mar. 27, 1960 and last saw ^{her} him alive on Mar. 27, 1960 Death occurred at Mar. 27, 1960 7:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Jack Whitten</i> (Degree or title)						22b. ADDRESS Bonne Terre, Missouri			22c. DATE SIGNED 3/29/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 30, 1960		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery			23d. LOCATION (City, town, or county) (State) Blackwell, Missouri						
24. FUNERAL DIRECTOR Arthur W. Smith, Potosi, Missouri				25. DATE RECD. BY LOCAL REG. Mar. 29, 1960		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>							

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Houston, Tex.

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.