

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022188

STATE FILE NUMBER

179

FILED VS JUN 20 1960

Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Novinger</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At family Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Novinger</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Nineveh Twp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Nelson</u> Last <u>Madden</u>			4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1960</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/4/1902</u>	9. AGE (last birthday) <u>58</u>	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) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mines</u>		11. BIRTHPLACE (City and state or country) <u>Adair County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Timothy Edward Madden</u>			13b. MOTHER'S MAIDEN NAME <u>Leah Bywater</u>		14. NAME OF HUSBAND OR WIFE <u>Jaunita Ruby Adams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>489 10 9623</u>		17. INFORMANT Address <u>Mrs. Jaunita Ruby Madden, Novinger, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Widespread malignancy with metastases</u> DUE TO (b) <u>Primary site not definitely established</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						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)					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 _____ a.m. _____ p.m. Month, Day, Year _____			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 <u>Mar. 14, 1960</u> to <u>June 3, 1960</u> and last saw <u>him</u> alive on <u>June 3, 1960</u> Death occurred at <u>7:29 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>P. S. Hilton M.D.</u>				22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>6/10/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/12/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Paul M. Pileuf, Kirksville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Raloff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

P. E. HILTON, M.D.

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 George W. Rowell

Licensed Embalmer No. 4799

P.O. Address Kirkcudle

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