

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045017

FILED VS JAN 10 1961

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Atchison</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u> Length of stay in 1b <u>1 da.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u> c. CITY OR TOWN <u>Rock Port.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Olin</u> Middle <u>Madron</u> Last _____ 4. DATE OF DEATH Month <u>12</u> Day <u>24</u> Year <u>1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-27-1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labrer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter Work</u>	11. BIRTHPLACE (City and state or country) <u>Atchison Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>Isaac Madron</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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>none</u>	17. INFORMANT <u>Herbert Madron</u>	Address <u>Westboro, Mo.</u>
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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>Pulmonary Embolus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary occlusion &</u> DUE TO (c) <u>myocardial infarction</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>6 weeks</u>
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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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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
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21. I attended the deceased from 6:45 11/7/60 to 12/24/60 and last saw him alive on 12/24/60
 Death occurred at _____ a _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Medemeyer M.D.</u>	(Degree or title)	22b. ADDRESS <u>Yarkio Mo.</u>	22c. DATE SIGNED <u>12/29/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
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24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rock Port.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 5, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Tharvin N. Schaefer</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 *Grady Barshat*

Licensed Embalmer No. 3173

P. O. Address Rock Park

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.