

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60 -61-025624

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 60 -61-025624

**FILED JUL 24 1961**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Blue Springs</b>		Length of stay in 1b <b>2 years</b>	c. CITY OR TOWN <b>Blue Springs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>117 N 6th st.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>117 N 6th st.</b>
3. NAME OF DECEASED (Type or print) First <b>Minnie</b> Middle <b>G</b> Last <b>Mader</b>		4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1961</b>	
5. SEX <input checked="" type="checkbox"/> Female	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 22 1871</b>
9. AGE (last birthday) <b>90</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and state or country) <b>Lamoni, Iowa</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Jacob Mader</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Karli</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Lucile Mader</b> Address <b>117 N 6th Blue Springs Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Corbas Decomposition</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
DUE TO (b) <b>Myocardial Regurgitation</b>			<b>1 year.</b>
DUE TO (c) <b>Senility</b>			
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 checked="" 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 <b>11</b> a.m. Month, Day, Year <b>Mar 29, 1960</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT HOME <input checked="" 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 <b>Mar 29, 1960</b> to <b>July 13, 1960</b> and saw her <b>Frank B. S.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>11 am</b>			
22a. SIGNATURE <b>F. B. Seelye MD</b> (Print name or title)		22b. ADDRESS <b>1808 W. Main Street Blue Springs Mo</b>	22c. DATE SIGNED <b>7/14/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 15 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Blue Springs Mo</b>
24. FUNERAL DIRECTOR <b>Webb Funeral Home Blue Springs Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-15-61</b> 26. REGISTRAR'S SIGNATURE <b>W. B. Seelye</b>	

Enclosed 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 me,

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.