

AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED SEP 18 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b 44 XX DAYS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE ILLINOIS b. COUNTY _____
 c. CITY OR TOWN JERSEYVILLE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MILO G MADISON 8/31/61

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/23/08 9. AGE (last birthday) 53 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) UNK 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) GILEAD, ILL 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN MADISON 13b. MOTHER'S MAIDEN NAME DESINA DRUEGE 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) YES WW II 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address MRS HARRY PLUMMER (SISTER)

18. CAUSE OF DEATH (Enter only one cause per line for one cause)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
 DUE TO (c) _____ 420-0
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY INFARCTION
 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

21a. attended the deceased from 7/18/61 to 8/31/61 and last saw him alive on 8/31/61
 Death occurred at 11:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. P. Schaffer M.D.M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 9/1/61

23a. BURIAL, CREMATION) REMOVAL (Specify) Removal 23b. DATE 9/2/61 23c. NAME OF CEMETERY OR CREMATORY _____ 23d. LOCATION (City, town, or county) (State) Hardin, Illinois.

24. FUNERAL DIRECTOR ADDRESS Hanks Funeral Home, Hardin, Illinois. 25. DATE RECD. BY LOCAL REG. SEP 2 1961 26. REGISTRAR'S SIGNATURE Loam Smith, 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Oliver R. Sudewy

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.