SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037412

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 510

FILED NOV 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lone Elm — Length of stay in 1b: 52 yrs

c. CITY OR TOWN Rural Joplin — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. #3, 3 mi N.W. of Joplin — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) R. R. #3 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALTA; Middle FARREL; Last MADISON

4. DATE OF DEATH: Month Oct. Day 22, Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-30-1909

9. AGE (last birthday): 52 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (City and state or country): Oronogo, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Arthur Madison

13b. MOTHER'S MAIDEN NAME: Nellie Robbins

14. NAME OF HUSBAND OR WIFE: Addie Madison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John A. Madison, R.#3, Box 138A, Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Hemorrhage	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Tuberculosis	years
DUE TO (c)		

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. ☐ 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

21. I attended the deceased from 10-19-61, to ____ and last saw him alive on 10-19-61

Death occurred at 4:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E Martin (Degree or title) DO

22b. ADDRESS: 908 East 7th S t Joplin

22c. DATE SIGNED: 10/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-25-1961

23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.: 10-30-1961

26. REGISTRAR'S SIGNATURE: Dorre Merriam

(Licensed 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, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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.