SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-042078

STATE FILE NUMBER

AMENDED

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 44

FILED NOV 20 1961

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN O'Fallon, — Length of stay in 1b: 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 Vine St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY St. Charles
c. CITY OR TOWN O'Fallon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 512 Vine St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Mary K. Madden
4. DATE OF DEATH Month Day Year: Nov 15, 1961
5. SEX: female
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-28-1882
9. AGE (last birthday): 79
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): Housewife - Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Marion, Ind.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Kersey
13b. MOTHER'S MAIDEN NAME: Ruth ?
14. NAME OF HUSBAND OR WIFE: Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Margaret Madden — Address: as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility
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): Diabetes
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 January 1960, to Nov 15, 1961 and last saw her alive on Nov 14, 1961
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold A. Mongold D.O.
22b. ADDRESS: O'Fallon Mo
22c. DATE SIGNED: 11-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 17, 1961
23c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.

24. FUNERAL DIRECTOR: Keithly-Davis Funeral Home
ADDRESS: 127 S. Main O'Fallon, Mo.
25. DATE RECD. BY LOCAL REG.: Nov 17-1961
26. REGISTRAR'S SIGNATURE: Elb Keithly

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

NOV 28 1961

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 Jerry A. Darlin

Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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.