QW

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045650
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 100

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1060
4060
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): home — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Taney
c. CITY OR TOWN: Branson, — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 203 N 4 th — Reside on Farm: Yes ☐ No # ☐

3. NAME OF DECEASED (Type or print): First BUFORD Middle GREGORY Last MADRY
4. DATE OF DEATH: Month Day Year Nov.15,1962
5. SEX: male
6. COLOR OR RACE: white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/22/1899
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months 0 Days 13 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Exec.
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (City and state or country): Aurora,Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: A.H Madry
13b. MOTHER'S MAIDEN NAME: Elizabeth Inman
14. NAME OF HUSBAND OR WIFE: Josephine Madry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servic[illegible]): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Josephine Madry — Address: Branson,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f[illegible])
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatoid arthritis multiplex — 4 yr
DUE TO (c): Partial Collapse of Rt Lung c̄ Staphalaeon Infection — 1 yr.
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 July 1961, to 11-15-62 and last saw her/him alive on 11-15-62
Death occurred at 6:05 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W C Magness, M.A.
22b. ADDRESS: Branson,
22c. DATE SIGNED: 11/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/17/62
23c. NAME OF CEMETERY OR CREMATORY: Maple Park
23d. LOCATION (City, town, or county) (State): Aurora,Mo

24. FUNERAL DIRECTOR: Walter Cobb — ADDRESS: Branson,Mo
25. DATE RECD. BY LOCAL REG.: 11-17-62
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1962

NOV 21 1962

DEC 27 1962

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_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 473 p

P. O. Address Beaumont Tx

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.