

S. No. 309
V. 10.48

SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27858

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <i>Henry 0420</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry 420</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>	
c. LENGTH OF STAY (In this place) <i>4 days</i>		d. STREET ADDRESS (If rural, give location) <i>208 E. Florence</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Community Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>BENNETT</i> b. (Middle) <i>I</i> c. (Last) <i>MADOLE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 27, 1952</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 2 1894</i>	9. AGE (In years last birthday) <i>58</i> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Eldon, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Benjamin D. Madole</i>	13b. MOTHER'S MAIDEN NAME <i>Nora Savage</i>	14. NAME OF HUSBAND OR WIFE <i>Ella Madole</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>495 09 7010</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. B. J. Madole</i>	ADDRESS <i>Windsor, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>weeks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 1, 1952* to *Aug 27, 1952*, that I last saw the deceased alive on *Aug 27, 1952*, and that death occurred at *5:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Paul S. Jordan M.D.</i>	(Degree or title)	23b. ADDRESS <i>Windsor, Mo.</i>	23c. DATE SIGNED <i>8-29-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-30-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	24d. LOCATION (City, town, or county) (State) <i>Windsor, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Sept-7-52</i>	REGISTRAR'S SIGNATURE <i>Florence Adams</i>	422-	25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>	ADDRESS <i>Windsor, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC-4 1952

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.