

NOV 24 1951

STANDARD CERTIFICATE OF DEATH

38165

State File No. 78

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4333 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Clinton</u>	c. (Last) <u>Mc Fadden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November, 18, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 27, 1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Opie Brush, Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Howard Mc Fadden</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pizer</u>	14. NAME OF HUSBAND OR WIFE <u>Lorene E. McFadden, decd.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>A. L. Mc Fadden</u>	ADDRESS <u>Clarksburg, Mo</u>
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxiation from gas.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>defective gas burner in house</u> the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8900</u> <u>15</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>11/18</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <u>Clarksburg Moniteau Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 18 1951 8^{am}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>defective gas burner in house.</u>
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22. I hereby certify that I attended the deceased from death, 1951, to when first seen, 1951, that I last saw the deceased alive on _____, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kerion Latham M.D. coroner</u> (Degree or title)	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>11-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/19/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leddonia Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Leddonia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-19-51</u>	REGISTRAR'S SIGNATURE <u>H.P. Popojay</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>	ADDRESS <u>Leddonia, Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED NOV 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed NOV 23 1951

MAY 19 1951

AUG 19 1951

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

..... working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Leptoe 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.