

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43541

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1427

V. S. 300
ev. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

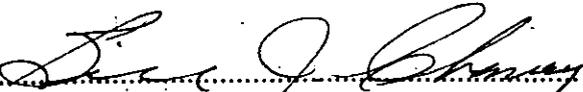
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEXINGTON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL		Length of stay in lb 2 years 8 mons, 7 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VIRGIL Middle A. Last McFADDEN			4. DATE OF DEATH Month DEC. Day 18, Year 1957
5. SEX MALE	6. COLOR OR RACE W HITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 19, 1895
9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	11. BIRTHPLACE (City and state or country) WELLINGTON MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN McFADDEN		13b. MOTHER'S MAIDEN NAME ANNA	14. NAME OF HUSBAND OR WIFE MARY JANE McFADDEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-05-0466	17. INFORMANT Address LEXINGTON MISSOURI MRS. MARY JANE McFADDEN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocarditis DUE TO (b) cerebral arterio sclerosis DUE TO (c) 4223F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a) intertrocbauder fracture of left femur			INTERVAL BETWEEN ONSET AND DEATH unknown 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 12-5-57 to 12-18-57 and last saw ^{her} alive on 12-17-57 Death occurred at 4:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. Hermann Jahn, M.D.</i>		22b. ADDRESS ST. JOSEPH STATE HOSP. # 2 MISSOURI	22c. DATE SIGNED 12-18-57
23a. BURIAL, CREMATION, REMOVAL (See (v)) removal	23b. DATE 12-18-57	23c. NAME OF CEMETERY OR CREMATORY Lexington Memory Gardens	23d. LOCATION (City, town, or county). (State) LEXINGTON MISSOURI
24. FUNERAL DIRECTOR Meierhoffer-leeman, Inc.		ADDRESS St. Joseph, Missouri	DATE RECD. BY LOCAL REG. Dec. 24, 1957
25. REGISTRAR'S SIGNATURE <i>Mrs. Robert Fulton</i>			

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 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.