MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 474 **66 0050737** STATE FILE NUMBER

FILED JAN 3 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0941
2 0941
3
4 1
5 1
6
7 0
8 1
9 175.0
10
11
12 1-0
13 1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: St. Francois

c. CITY OR TOWN: Bonne Terre — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 105 Louise Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Hazel — Middle: Gladys — Last: Mc Fadden

4. DATE OF DEATH: Month: December — Day: 18, — Year: 1966

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 4/18/1902

9. AGE (last birthday): 64

IF UNDER 1 YEAR: Months: 8 Days: — IF UNDER 24 HR: Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Bonne Terre, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jeff D. Poston

13b. MOTHER'S MAIDEN NAME: Annie Thurman

14. NAME OF HUSBAND OR WIFE: Eddie O. Mc Fadden

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.:

17. INFORMANT Address: E.O. Mc Fadden, Bonne Terre, Mo.

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): Rupture of intestine — INTERVAL BETWEEN ONSET AND DEATH: ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized abdominal carcinomatosis — ?

DUE TO (c): Carcinoma of right ovary — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Urinary infection

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 12-5-66 to 12-18-66 and last saw her alive on 12-18-66

Death occurred at 3:09 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: Bonne Terre, Missouri

22c. DATE SIGNED: 12-21-66

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/21/1966

23c. NAME OF CEMETERY OR CREMATORY: St. Francois Mem. Park

23d. LOCATION (City, town, or county) (State): Rt. 2, Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: Dale Sparks Bonne Terre, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 21, 1966

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1967

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat Rock, NC

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.