

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12026

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 418

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Township	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) R. #3 St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Emanuel	c. (Last) Madinger	4. DATE OF DEATH (Month) (Day) (Year) April 10, 1950.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 19, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY For self	11. BIRTHPLACE (State or foreign country) Doniphan County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles h. Madinger	13b. MOTHER'S MAIDEN NAME Polly Smith	14. NAME OF HUSBAND OR WIFE Lora Madinger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. J. Metting	ADDRESS St. Joseph, Mo.
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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 1 month 4222
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Disease Arricular Fibrillation		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-1-50, 19, to 4-10-50, 19, that I last saw the deceased alive on 4-9-50, 19, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Jenkins M.D.	23b. ADDRESS 207 P & S Bldg St Joseph Mo	23c. DATE SIGNED 4-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery	24d. LOCATION (City, town, or county) (State) Wathena, Kansas.
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DATE REC'D BY LOCAL REG. April 14, 1950	REGISTRAR'S SIGNATURE R. E. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS 1946 Colhoun St. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

MAY 23 1950

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

Albert C. Huntington

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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.