

No. 300
10-48

FILED DEC 29 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **404**
43652

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4019**

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home | | d. STREET ADDRESS (If rural, give location) 2517 E. 11th St. | |

| | | | | | |
|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Madrid c. (Last) Madrid | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Sept. 9, 1951 | 9. AGE (In years last birthday) 3 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil |
| 11. BIRTHPLACE (State or foreign country) Kansas City, Kas. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME Anthony A. Madrid | | 13b. MOTHER'S MAIDEN NAME Carmenita Dodson | | 14. NAME OF HUSBAND OR WIFE Single | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony A. Madrid, Kansas City, Mo. | |

| | | | |
|---|--|--|---|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | ANTECEDENT CAUSES Morbidity 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 1 | | 20. AUTOPSY? 491X YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | 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 **Oct 1, 1951**, to **Dec 18, 1951**, that I last saw the deceased alive on **Dec 17, 1951**, and that death occurred at **8:30** m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) Dr. Benny W. D. | | 23b. ADDRESS Creve Coeur, Mo | | 23c. DATE SIGNED 12-18-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) 5 | | 24b. DATE 12/19/51 | | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Kansas City, Kas. | |

| | | | | | |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 12-18-51 | | REGISTRAR'S SIGNATURE Hubert A. Donke M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, The Kirkwood, Mo | |
|--|--|---|--|--|--|

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

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

Felix Durand

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood, 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.