THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 5 1952

State File No. 8472

Registrar's No. 1370

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (In this place) non Resident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ROOM - 711 - DWIGHT BLDG. 1002 BALTIMORE AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE KANSAS
b. COUNTY JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY 8 150
d. STREET ADDRESS (If rural, give location) 5325 NORWOOD ROAD

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) MARION c. (Last) MADDEN

4. DATE OF DEATH (Month) (Day) (Year) MARCH-21-1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY-26-1903
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) ASSISTANT SECRETARY WESTERN MILLERS MUTUAL FIRE INSURANCE COMPANY
10b. KIND OF BUSINESS OR INDUSTRY SECRETARY - WESTERN INSURANCE GENL AGENCY
11. BIRTHPLACE (City and State or Foreign Country) OVERBROOK KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM H. MADDEN
13b. MOTHER'S MAIDEN NAME MAUDE HAAS
14. NAME OF HUSBAND OR WIFE MRS. MARJORIE MADDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-09-2892
17. INFORMANT'S SIGNATURE OR NAME MRS MARJORIE MADDEN ADDRESS 5325 NORWOOD RD. KANSAS CITY, KS.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid 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. 42

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
23b. ADDRESS 1024 Rialto Bldg.
23c. DATE SIGNED 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MARCH-24-1952
24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 3-24-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons ADDRESS 1331 - BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address Ashland, 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.