

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31890**

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4414

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		e. STREET ADDRESS <b>3348 Gillham Road</b>		f. (If rural, give location) <b>3448</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3348 Gillham Road</b>		3. NAME OF DECEASED a. (First) <b>Martin</b>		b. (Middle) <b>Luther</b>	
c. (Last) <b>MADISON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8, 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-25-1883</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR Days <b>5</b>	
11. IF UNDER 1 HRS. Hours <b>20</b>		12. IF UNDER 1 HRS. Min. <b>2</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Roreman Salvage Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft Plant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hamptonville, No. Carolina</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Madison</b>		13b. MOTHER'S MAIDEN NAME <b>Molly Comer</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Madison</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>106-24-5254</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Madison</b>		ADDRESS <b>3348 Gillham Road, KC, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>Pulmonary Tuberculosis</b>		<b>5 yrs</b>	
DUE TO (c) <b>-</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>no x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 <b>Jan 19 47</b> , to <b>Sept 8, 1953</b> , that I last saw the deceased alive on <b>Sept 8, 1953</b> and that death occurred at <b>12:30 p.m.</b> , from <b>the</b> causes and on the date stated above.					
23a. SIGNATURE <b>Charles K. Lakay</b>		23b. ADDRESS <b>2700 Tracy K.C. Mo</b>		23c. DATE SIGNED <b>9/9/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City MO.</b>		DATE REC'D BY LOCAL REG. <b>9-9-53</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-Mogilley-Eyler</b>		ADDRESS <b>KCMO.</b>			

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

Dr. LeVeque  
2700 Tracy  
1 PM

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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 *Arthur Eugene Cook*.....

Licensed Embalmer No. *4912*.....

P. O. Address *K.C. 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.