

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

FILED MAY 3 1954

STANDARD CERTIFICATE OF DEATH

11701

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bala Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>COLUMBUS</u>	
c. LENGTH OF STAY (at this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>4150 S</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DIAMONDS HIGHWAY 66+50</u>			

3. NAME OF DECEASED (Type or Print) <u>FRED</u>	a. (First)	b. (Middle)	c. (Last) <u>MADISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 24 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-30-1889</u>	9. AGE (In years last birthday) <u>64</u> Months <u>6</u> Days <u>24</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Washing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbus Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Fred Madison</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>513-10-6367</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Fred Madison</u> ADDRESS <u>Columbus Kansas</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Franklin, Mo.</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest P. Ottman</u> (Degree or title) <u>Crown</u>	23b. ADDRESS <u>Crown, Mo.</u>	23c. DATE SIGNED <u>Mar 15 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Endow</u>	24d. LOCATION (City, town, or county) (State) <u>Columbus Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 24-54</u>	REGISTRAR'S SIGNATURE <u>Mattie B. Gross</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. K. by Willibrod Washington</u> ADDRESS _____
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SEP 14 1950

SEP 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

W. H. Kulcsinski

Licensed Embalmer No. 4561

P. O. Address Washington, D. C.

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.