

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30712

FILED OCT 4 1954

State File No. 4297

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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 (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (in this place) <b>51 yrs.</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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elms Nursing Home-1310 E Armour</b>				STREET ADDRESS (If rural, give location) <b>1134 Montgall</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>AGNES</b>		b. (Middle) <b>G.</b>		c. (Last) <b>MADDEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 8 54</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 16, 1870</b>	
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>22</b>		IF UNDER 24 HRS. Hours <b>1</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Val Praga, Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Daniel O'Brien</b>		13b. MOTHER'S MAIDEN NAME <b>Mary O'Flaherty</b>	
14. NAME OF HUSBAND OR WIFE <b>John Madden</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>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Willie Madden</b>				ADDRESS <b>919 E. Armour-K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage -</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>fractured hip</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5+ yrs</b> <b>10+ yrs</b> <b>23 1/2 F</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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>June</b> , 19 <b>48</b> , to <b>death</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>7-7</b> , 19 <b>54</b> , and that death occurred at <b>7:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>MOS</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>G. M. OSGOOD, M. D.</b> <b>928 Professional Bldg., K.C., Mo.</b>		23c. DATE SIGNED <b>9-8-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/10/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-8-54</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar-Kansas City, Mo.</b>			

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

Dr. H. C. ...  
... 6030  
2 to 5

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 Ivan C. Miller Student Embalmer No. 50 working under my personal supervision.

Student Ivan C. Miller  
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 491

P. O. Address R.C. 71

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.