

No. 300
10-48

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7895

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5459 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural; Center Tpw.)		c. CITY OR TOWN Chicago	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 5 Miles N.W. Springfield		e. STREET ADDRESS (If rural, give location) 3740 West Cornelia	

3. NAME OF DECEASED (Type or Print)	a. (First) RITA	b. (Middle) MARY	c. (Last) MADAJ	4. DATE OF DEATH (Month) (Day) (Year) March 20, 1955
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5. SEX Female	6. COLOR OR RACE Polish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 18, 1934	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewardess	10b. KIND OF BUSINESS OR INDUSTRY Air Line	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Stanley Madaj	13b. MOTHER'S MAIDEN NAME Katherine Kardecki	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ulm; American Air Lines
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of Skull - Frontal		INTERVAL BETWEEN ONSET AND DEATH
	Fracture of Lower Maxillary - Both sides		
	Fracture of Rt. Clavicle & Scapula		
ANTECEDENT CAUSES Deep laceration of Head, Rt. Arm & Rt. Hand			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E861X 39	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Air plane Crash	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Center Tpw. Greene Missouri
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21d. TIME OF INJURY 3/20/55 10:45P m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Air Plane Crash
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22. I hereby certify that I attended the deceased from **old hospital**, 19 **1955**, to **1955**, that I last saw the deceased **dead** on **March 19 19 55**, and that death occurred at **10:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. Allen Pickens, Coroner	23b. ADDRESS Medical Arts Bldg Springfield, Missouri	23c. DATE SIGNED 3/23/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/22/55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Chicago, Illinois
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DATE REC'D BY LOCAL REG. 3-23-55	REGISTRAR'S SIGNATURE Walter Williams	25. GENERAL CREATOR'S SIGNATURE ADDRESS Max E. Fossett, Republic, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1955

DEC 12 1955

APR 12 1955

APR 2 1955

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 *John L. McRobb*
Licensed Embalmer No. 46

P. O. Address *Republic*

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.