

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26321

State File No. \_\_\_\_\_

BIRTH NO. SEP 14 1905 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3794

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 township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>All</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1918 E. 58th</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAMIE</b>		b. (Middle)	c. (Last) <b>MADICK</b>
4. DATE OF DEATH <b>August 28 1955</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 14th, 1905</b>
9. AGE (In years last birthday) <b>about 50</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Stephen Madick</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Moore</b>	14. NAME OF HUSBAND OR WIFE
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 ADDRESS <b>Mrs. Thomas Nugent 1918 E. 58th</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>Pulmonary Embolism</b>  ANTECEDENT CAUSES DUE TO (b) <b>Fracture Left Hip</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 <b>Aug. 16-1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Nailing of hip</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident Fall</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 14 55 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall - Lost Balance</b>
22. I hereby certify that I attended the deceased from <b>Aug 14, 1955</b> , to <b>Aug 28, 1955</b> , that I last saw the deceased alive on <b>Aug 28, 1955</b> , and that death occurred at <b>7:00 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Glen H. Broyles</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1232 Professional Bldg</b>	23c. DATE SIGNED <b>8/29/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-31-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody McGilley-Eylar 1800 E. Linwood</b>	
DATE REC'D BY LOCAL REG. <b>8-29-55</b>		REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

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

Glen H. Brayles  
Professional Bg.  
BA 4420

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 *Melvin Bartman* .....,  
Licensed Embalmer No. 490

P. O. Address *KC, 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.