

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

13391

FILED MAY 4 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1695

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | 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) <u>36 YEARS</u> | | e. STREET ADDRESS (If rural, give location) <u>2624 East 29th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.C. Powerlight Company</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>FRANK MITCHELL MADRUX</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1956</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>OCT-12-1902</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR | IF UNDER 1 MONTH | IF UNDER 1 HOUR | IF UNDER 1 MIN. |
|--------------------|-------------------------------|---|--|---|-----------------|------------------|-----------------|-----------------|

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Truck Driver</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Powerlight Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>FRANK Maddux</u> | 13b. MOTHER'S MAIDEN NAME <u>VIOLA ALLEN</u> | 14. NAME OF HUSBAND OR WIFE <u>Wilma Maddux</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-10-7284</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Maddux</u> ADDRESS <u>2624 E. 29th Street K.C., Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> |
| | 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) <u>Arteriosclerotic heart disease</u> | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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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 3:50 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Chief Coroner</u> | 23b. ADDRESS <u>6627 Maple St. St. Louis</u> | 23c. DATE SIGNED <u>4-12-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>APRIL 19, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>4-18-56</u> | REGISTRAR'S SIGNATURE <u>newman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1321 Brush Creek K.C., Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Joseph T. Dewe*.....

Licensed Embalmer No. *445*.....

P. O. Address *.....*.....

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.