Health, Welfare Public Service

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32024 4117

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Joseph Hosp. — Length of stay in 1b: 33 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location): 1264 W. Gregory Blvd. — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print): First: Charles Middle: C. Last: Madison

4. DATE OF DEATH: Month: Aug. Day: 31 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED # NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH: Oct. 10, 1878

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Corning Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William S. Madison

13b. MOTHER'S MAIDEN NAME: Lavina Doyle

14. NAME OF HUSBAND OR WIFE: Emma Locke Madison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Emma Locke Madison Address: K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	14 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	10 yrs
DUE TO (c)	Arteriosclerosis, generalized	15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9:00 PM 8-30-57 to 8-31-57 and last saw her/him alive on 8:30 AM 8-31-57
Death occurred at 10:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Cooper MD

22b. ADDRESS: 1226 Rialto

22c. DATE SIGNED: 9-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/3/57

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR: Stine & McClure ADDRESS: K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 9-3-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Charles S. Cooper

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 Eugene L. [illegible]

Licensed Embalmer No. 4633

P. O. Address [illegible]

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.