

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040071

STATE FILE NUMBER

5308

FILED NOV 24 1958

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

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Kansas City</i> 919 |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>26 W. 74th Terr.</i> | | Length of stay in lb <i>50 yrs.</i> | d. STREET ADDRESS (If outside, give location) <i>26 W. 74th St. Terr.</i> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>JOHN PATRICK MADIGAN</i> | | | 4. DATE OF DEATH Month Day Year <i>11 - 8 - 58</i> |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Feb. 13 1894</i> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <i>Stationary Engineer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>General Hospital</i> | 11. BIRTHPLACE (City and state or country) <i>Knocknateich-Foyne, Ireland</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13. FATHER'S NAME <i>Cornelius Cornelius Madigan</i> | |
| 14. MOTHER'S MAIDEN NAME <i>Margaret Thern</i> | | 15. NAME OF HUSBAND OR WIFE <i>Virginia Madigan</i> | |
| 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <i>No</i> | | 17. SOCIAL SECURITY NO. <i>500-14-3948</i> | 18. INFORMANT Address <i>Mrs. Virginia Madigan - 26 W. 74th Terr.</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinoma of Prostate gland</i> | | | <i>3 yrs.</i> |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <i>Sept 1948</i> to <i>Nov 8, 1958</i> and last saw him alive on <i>Nov 7, 1958</i> . Death occurred at <i>6:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Martin P. Hunter M.D.</i> | | 22b. ADDRESS <i>1408 Waldhumbldg -</i> | 22c. DATE SIGNED <i>11-8-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>11-10-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cem.</i> | 23d. LOCATION (City, town, county, state) <i>Kansas City, Mo.</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>Mellody McElly - Eylon, 20 W Linnwood</i> | | 25. DATE RECD. BY LOCAL REG. <i>11-9-58</i> | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> |

Martin P. Hunter USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Wm H. Gentry*

Licensed Embalmer No. *5038*

P. O. Address *K. C. 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.