

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 2 0 1960

-60-034895

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4501 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 13yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3317 Garfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3317 Garfield Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle WALTER Last MADDEN	4. DATE OF DEATH Month 8 Day 31 Year 60
--	---

5. SEX male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------	-------------------------------	---	----------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook	10b. KIND OF BUSINESS OR INDUSTRY TWA Overhall Base	11. BIRTHPLACE (City and state or country) Dumas, Ark.	12. CITIZEN OF WHAT COUNTRY USA
--	---	--	---

13a. FATHER'S NAME John Madden	13b. MOTHER'S MAIDEN NAME Geneva Campbell	14. NAME OF HUSBAND OR WIFE Rachel Madden
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If no, give war or dates of service)	16. SOCIAL SECURITY NO. 430-12-5429	17. INFORMANT Address Rachel Madden 3317 Garfield
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating shot Gun gunshot wound of head		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 7:30 Hour 7:30 Month, Day, Year 8/29/60 p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3317 Garfield Ave	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE Mo.
---	--	--	--------------------------	---------------------

21. I attended the deceased from _____ to _____ and last saw him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> Deputy coroner	22b. ADDRESS 1618 Lydie Ave	22c. DATE SIGNED 9/1/60
---	---------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-2-60	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) Dumas, Arkansas
---	----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th Benton	25. DATE RECD. BY LOCAL REG. 9-2-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

Tillman

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nachola S. Green

Licensed Embalmer No. 472

P. O. Address 18th & B

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.