

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044881

FILED DEC 22 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6225

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY CASS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 WK	c. CITY OR TOWN FREEMAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1	
3. NAME OF DECEASED (Type or print) First Middle Last DORRIS DEE MADISON			4. DATE OF DEATH Month Day Year 12-8-1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ANDREW CO. MO.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME TAYLOR BOHNE		13b. MOTHER'S MAIDEN NAME SARAH FRANK		14. NAME OF HUSBAND OR WIFE EDWARD J. MADISON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT MELVINA A. LAMB Address 127 W. 55th St SHAWNEE, KANS.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Circulatory Collapse DUE TO (b) Auricular Fibrillation DUE TO (c) Hypertensive Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH Hours Years Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Possible Diabetic Ketoacidosis					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 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 12-8-61 to 12-8-61 and last saw her alive on 12-8-61 Death occurred at 1:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) Robert L. Curtis MD			22b. ADDRESS 1001 Seaman Bldg 818 Grand Ave.		22c. DATE SIGNED 12-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-11-1961	23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEM.	23d. LOCATION (City, town, or county) KANSAS CITY, KANS.		(State)
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS N.K.C., Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-11-61	26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Robert L. Curtis MEDICAL CERTIFICATION

One copy  
Hanson

**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 John T. Hennick  
Licensed Embalmer No. 4848  
P. O. Address K.C. 17, 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.