

23292

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 12 1949

3183

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (in this place) <b>9 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>4341 Flora</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				d. STREET ADDRESS (If rural, give location) <b>4341 Flora</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <b>Audrey</b>		b. (Middle) <b>ELLEN</b>		c. (Last) <b>Bade</b>		7 21 1949	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JUNE 10 1933</b>	9. AGE (In years last birthday) <b>16 YEARS</b>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 1 HR. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT - SOPHOMORE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PASEO HIGH SCHOOL</b>		11. BIRTHPLACE (State or foreign country) <b>NEW YORK CITY NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>RUDOLPH E. BADE</b>			13b. MOTHER'S MAIDEN NAME <b>NICKELS BURG</b>		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RUDOLPH E. BADE 4341 FLORA AVENUE KANSAS CITY, MO.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Poliomyelitis acute bulbar</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0800</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>July 15, 1949</u> , to <u>July 21, 1949</u> , that I last saw the deceased alive on <u>July 21, 1949</u> , and that death occurred at <u>7:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)			23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>			23c. DATE SIGNED <b>7-22-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>July 24 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>D. W. NEWCOMER'S SONS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-23-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Bernard L. Florin

Licensed Embalmer No. 4250

P. O. Address N. 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 this body is not embalmed, fact should be so stated above.