

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11950

1580

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>42 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>TRINITY LUTHERAN HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>107 SOUTH BALES</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>BADGLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 14, 1868</u>	
9. AGE (In years last birthday) <u>86</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES TRIPP</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA BROWER</u>		14. NAME OF HUSBAND OR WIFE <u>ANTHONY BADGLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JESSIE BADGLEY 107 SOUTH BALES</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured left hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>accidental fall at home</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT CAUSE (Specify) <u>Fall on floor at home</u>		21b. PLACE OF INJURY (Home, farm, factory, street, office, etc.) <u>107th St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. MO Jackson MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 6 5:44 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall to floor at home</u>					
22. I hereby certify that I attended the deceased from <u>Jan 1, 1960</u> , to <u>April 7, 1954</u> , that I last saw the deceased alive on <u>April 6, 1954</u> , and that death occurred at <u>5:04 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. S. Nelson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3626 1/2 Independence</u>		23c. DATE SIGNED <u>4-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APRIL 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CENETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BUTLER, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-8-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u>		ADDRESS <u>San Fran. K.C. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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..... *W.C. Rinne*

Licensed Embalmer No. *481*

P. O. Address *P.O. 7*

**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.**