

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29906

State File No.

FILED SEP 16 1955

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5572 Registrar's No. 157

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 OR TOWN <u>Rural Prairie Twp.</u>		c. CITY OR TOWN <u>Rural - Prairie</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 - 6 mch 20</u>		d. STREET ADDRESS (If rural, give location) <u>Independence,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>M</u> b. (Middle) <u>G.</u> c. (Last) <u>BADAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>Unknown</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	
11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home - Rt. #4 - Indep. Mo.</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>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>ARTERIO SCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 9-1-1953, to 9-1-1955, that I last saw the deceased alive on 8-31-1955, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorothy Workman M.D.</u>		23b. ADDRESS <u>Jackson County Home</u>		23c. DATE SIGNED <u>9-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>					

DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>N.B. Langsford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home Lee's Summit</u>	
				ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed N. B. Langford Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4962

P. O. Address Leis Summit, N.J.

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.