

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28772**  
Registrar's No. **4005**

FILED AUG 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place)<br><b>30 YEARS</b>  | c. CITY OR TOWN <b>Kansas City</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7846 Pennsylvania Avenue</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                   |                                    |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Theodore</b> b. (Middle) <b>R.</b> c. (Last) <b>Mudd</b>                                |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 9 1953</b>   |                                    |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |                                    |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED 1</b>   |  | 8. DATE OF BIRTH <b>APRIL 16, 1908</b>  |                                    |
| 9. AGE (In years last birthday) <b>45</b>  |  | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.   |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>SUPT. ADAMS TRANSFER &amp; STORAGE CO.</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY   |                                    |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>MEXICO, MISSOURI</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                    |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>AARON JOSEPH MUDD</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>HOLTCAMP</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>JESSIE I. MUDD</b>                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WORLD WAR II</b> |  | 16. SOCIAL SECURITY NO.<br><b>487-09-8535</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>MRS. JESSIE I. MUDD, 7846 PENNSYLVANIA</b> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarct + Pulmonary edemas</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hrs.</b> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Sclerosis + Inefficiency</b> |  | <b>8 yrs.</b>                                     |  |
|  |  | DUE TO (c) <b>Myocardial Infarct - (2)</b>   |  | <b>8 yrs.</b>                                     |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  | <b>2 yrs.</b>                                     |  |
|  |  |  |  | <b>4201</b>                                       |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                               |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT : (Specify)<br><b>SUICIDE HOMICIDE</b> |  | 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) m.   |  | 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 **Feb.**, 19**51**, to **8/9**, 19**53**, that I last saw the deceased alive on **8/9**, 19**53**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

|   |  |  |  |                                    |  |
|---|--|--|--|------------------------------------|--|
| 23a. SIGNATURE <b>Mary C. Coleglazier</b> (Degree or title)<br><b>Mary C. Coleglazier, M.D.</b> |  | 23b. ADDRESS<br><b>1220 Professional Bldg - K.C. Mo.</b> |  | 23c. DATE SIGNED<br><b>8/10/53</b> |  |
|---|--|--|--|------------------------------------|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> |  | 24b. DATE<br><b>AUG. 11, 1953</b>                |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>GREEN LAWN CEMETERY</b>             |  | 24d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY MISSOURI</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>8-11-53</b>                 |  | REGISTRAR'S SIGNATURE<br><b>Sheraldine Smith</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>D.W. Newcomer Sons Kansas City Mo</b> |  |  |  |

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2189

P. O. Address N. C. 10, .....

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.