

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **585**
165

FILED JAN 27 1954

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

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1002		Registrar's No. 165	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY OR TOWN Kansas City North		c. LENGTH OF STAY (in this place) 32 Yrs.		c. CITY OR TOWN Kansas City North		5068	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 East 42 st. north				d. STREET ADDRESS (If rural, give location) 519 East 42 st. north			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Jeptha		c. (Last) Dudley		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 24-1878	
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and State or Foreign Country) Warrensburg Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Lilburn Boggs Dudley		13b. MOTHER'S MAIDEN NAME Clarinda Ann Faulkner		14. NAME OF HUSBAND OR WIFE Mrs. Ruth Jane Dudley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Jane Dudley N.C.M. Mo			
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 4 yrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Squamous cell type					
		DUE TO (c) Chronic asthama					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bacterial Bronchopneumonia 1 day				20. AUTOPSY? 177X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Nov 1, 1954 , to Jan 10, 1954 , that I last saw the deceased alive on Jan 9, 1954 , and that death occurred at 5:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edw. H. Fischer (Degree or title) MD				23b. ADDRESS 3066 21st N.K.C. Mo		23c. DATE SIGNED 1-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-12-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Kansas	
DATE REC'D BY LOCAL REG. 1-12-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Chapel		K.C.Ks.	

Dr. Ed A. Fischer -

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

Ross Blanford

Licensed Embalmer No. *4015*

P. O. Address *K 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.