

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33202

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4256

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) <u>Kansas city mo 2 days</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Rural Jackson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		* STREET ADDRESS (If rural, give location) <u>8210 Leeds Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Bertha</u> b. (Middle) <u>Inogene</u> c. (Last) <u>Dudley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-3-1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-29-1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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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>Chanute Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James T Hanna</u>	13b. MOTHER'S MAIDEN NAME <u>arabelle</u>	14. NAME OF HUSBAND OR WIFE <u>Burwell Clarence Dudley</u>
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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>486-36-5297</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Dudley</u> ADDRESS <u>8210 Leeds Rd KC. Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u> <u>3 years.</u> <u>170X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA of left Breast</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-21, 1955, to 10-3, 1955; that I last saw the deceased alive on 10-2, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip J. Baker</u> Philip J. Baker, M.D. (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>407 W. 13th - Ridge Cut Off K.C. 29 Mo</u>	23c. DATE SIGNED <u>10-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-4-55</u>	REGISTRAR'S SIGNATURE <u>Devo Minchall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Wornall</u> ADDRESS <u>Funeral Home K.C. Mo</u>
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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.....
Russell N. Fran

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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.