

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

640

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>NORTH KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>28 YRS</u>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1210 E 21st AVE</u>		e. STREET ADDRESS (If rural, give location) <u>1210 E 21st ave</u> <u>60010</u>	
3. NAME OF DECEASED a. (First) <u>LOUISA</u>		b. (Middle)	c. (Last) <u>Polite</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1957</u>			
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>July 4, 1885</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Mins.
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Floissant, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Henequin</u>	14. NAME OF HUSBAND OR WIFE <u>Oden Polite</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oden Polite</u> ADDRESS <u>1210 E. 21st ave N.K.C.</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>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous</u>		<u>6 mo</u>
	DUE TO (c) <u>Carcinoma of left ovary</u>		<u>1 yr ?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>May 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left ovary</u>	20. AUTOPSY? <u>2</u> 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1956, to Jan 19 1957, that I last saw the deceased alive on 1-19-57, 1957, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE (Name of title) <u>Marjorie L. Hudgens M.D.</u>	23b. ADDRESS <u>16 Kansas St Mo</u>	23c. DATE SIGNED <u>1-19-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo</u>

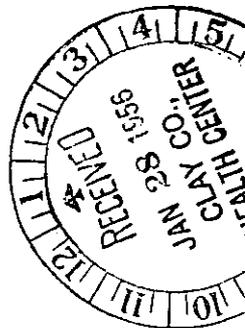
DATE REC'D BY LOCAL REG. <u>1-21-57</u>	REGISTRAR'S SIGNATURE <u>Marjorie L. Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>Don N.K.C. Mo.</u>
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(Licensee/Embalmer's Statement on Reverse Side)

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

494-

*M. Langless*



MAR 25 1957

**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.....  
*John W. Kalsbeek*

Licensed Embalmer No. *4949*

P. O. Address *W. Langless*

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.