Health, & Welfare Public Service

S. 300 C
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000621
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN North Kansas City Missouri — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) North Kansas City Memorial — Length of stay in Hospital 30

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Liberty — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 409 E. Franklin — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Mable Middle: Last: Dudgeon
4. DATE OF DEATH Month 1 Day 6 Year 59
5. SEX Female
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 10-17-1882
9. AGE (In years last birthday) 76 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Clay Co. Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Robert Storms
13b. MOTHER'S MAIDEN NAME Ella Malott
14. NAME OF HUSBAND OR WIFE Ernest L. Dudgeon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Paul Rogers Address Liberty, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial infarct — 8 mo
DUE TO (c) Coronary occlusion — 8 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1958, to 7 Jan 59 and last saw her/him alive on 6 Jan 59
Death occurred at 2:40 AM. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J M Waterman (Degree or title) MD
22b. ADDRESS 100 N Main, Liberty Mo
22c. DATE SIGNED 6 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan-8-59
23c. NAME OF CEMETERY OR CREMATORY Platte City
23d. LOCATION (City, town, or county) Platte City (State) Mo.

24. FUNERAL DIRECTOR Church-Archer Co. ADDRESS Liberty Mo.
25. DATE REC'D BY LOCAL REG. 1-7-59
26. REGISTRAR'S SIGNATURE Marguerite Rudgers
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Do not enter primary or secondary cause of death in Item 18. No symptoms will be listed.

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. 4448

P. O. Address .....