

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026202

STATE FILE NUMBER

FILED VS JUL 23 1959

Registration District No. 280

Primary Registration District No.

Registrar's No. 45

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PLATTE CITY</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PLATTE CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>			Length of stay in lb <u>63 years</u>		d. STREET ADDRESS (If outside, give location) <u>NONE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE DEWEY TUDOR</u>				4. DATE OF DEATH Month Day Year <u>July 12, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 13, 1896</u>		9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>PLATTE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>GEORGE H. TUDOR</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA MOORE</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES World War I</u>			16. SOCIAL SECURITY NO. <u>497-36-8302</u>		17. INFORMANT Address <u>JETTIE TUDOR PLATTE CITY, MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
DUE TO (b) <u>Invasive Adeno Carcinoma Bladder</u>						<u>6 mo</u>	
DUE TO (c) <u>primary - Adeno-Carcinoma Rectum</u>						<u>2 1/2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? <u>154X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>July '57</u> to <u>death</u> and last saw <sup>her</sup> alive on <u>7-11-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. Blackwood, M.D.</u> (Degree or title) <u>6</u>				22b. ADDRESS <u>Platte City Mo</u>		22c. DATE SIGNED <u>7-12-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JULY 14, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, MO.</u>		
24. FUNERAL DIRECTOR <u>BOLLING &amp; MITCHELL</u> ADDRESS <u>PLATTE CITY, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>July 14, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		

JUL 8 1921



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 Roland M. Giffey  
Licensed Embalmer No. 4725  
P. O. Address Platte City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.