URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-012527

XC-7566 412 SL 2413 2 3312

Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

NDED FILED VS APR 5 1960

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis, Mo. Length of stay in 1b 630 days

c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2901a S.Kingshighway Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JIMMIE Middle C. Last DUDLEY

4. DATE OF DEATH Month MARCH Day 21, Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/23/20

9. AGE (last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL WORKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) BARDWELL, KENTUCKY

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ROBERT DUDLEY

13b. MOTHER'S MAIDEN NAME VIRGINIA BOYD

14. NAME OF HUSBAND OR WIFE ANNE DUDLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 498-07-9442

17. INFORMANT Anne Dudley Address 2901a S.Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) ASTROCYTOMA, RIGHT TEMPORAL LOBE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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. VA attended the deceased from 6/30/58, to 3/21/60 and last saw him alive on 3/21/60

Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE JAMES GILLOK (Degree or title) M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 3/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 3-24-60

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks,Mo.

24. FUNERAL DIRECTOR ADDRESS C.Hoffmeister Colonial Mortuary 6464 Chippewa St.

25. DATE RECD. BY LOCAL REG. MAR 23 1960

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lee C. Branson

Signature of Student Embalmer

Licensed Embalmer No. 476

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.