

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19609  
Registrar's No. 2764

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (In this place) unknown  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
d. STREET ADDRESS (If rural, give location) 3821 Baltimore

3. NAME OF DECEASED (Type or Print)  
a. (First) R. b. (Middle) Fuller c. (Last) Jaudon  
4. DATE OF DEATH (Month) (Day) (Year) June 25, 1949

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) with married  
8. DATE OF BIRTH May 14 1879 9. AGE (In years last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) MO.  
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas Jaudon  
13b. MOTHER'S MAIDEN NAME Eva Williams  
14. NAME OF HUSBAND OR WIFE Dena Jaudon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO  
16. SOCIAL SECURITY NO. NO  
17. INFORMANT'S SIGNATURE OR NAME Mrs. Dena Jaudon ADDRESS 3821 Baltimore

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction  
ANTECEDENT CAUSES (b) Coronary Thrombosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Atherosclerosis  
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  NO

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)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 6:30 AM., from the causes and on the date stated above.

23a. SIGNATURE E. C. Schmidt (Degree or title)  
23b. ADDRESS St. Lukes Hospital  
23c. DATE SIGNED 25 June 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 6/27/49  
24c. NAME OF CEMETERY OR CREMATORY Forest Hill  
24d. LOCATION (City, town, or county) (State) Kansas City MO.

DATE REC'D BY LOCAL REG. 6-27-49  
REGISTRAR'S SIGNATURE Geraldine Holmes  
25. FUNERAL DIRECTOR'S SIGNATURE Stine McClure ADDRESS K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

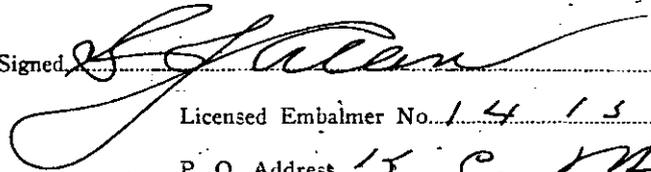
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed



Licensed Embalmer No. 14 157

P. O. Address 15 C 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 this body is not embalmed, fact should be so stated above.