

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1177

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 70 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3038			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL #2				d. STREET ADDRESS (If rural, give location) 518 TRACY					
3. NAME OF DECEASED (Type or Print) a. (First) SILAS			b. (Middle)		c. (Last) GUDE		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 5 50		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1879 DECEMBER 25, 1879	9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KEYTESVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME ROBERT GUDE			13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE GOLDIE GUDE				
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME MRS. VERA POLK		ADDRESS 518 TRACY			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ARTERIOSCLEROSIS;				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOSIS OF BASILAR ARTERY					
				DUE TO (c) BILATERAL ENCEPHALOMALACIA					
				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 <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>50</u> , to <u>1-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-5-50</u> , 19 <u>50</u> , and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE E. Frank Ellis (Deceased or informant)				23b. ADDRESS 600 EAST 22ND		23c. DATE SIGNED Jan. 7, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/50		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 1-9-50		REGISTRAR'S SIGNATURE Stearldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wathins Bros. 1729 Lydia					

(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 E. Jerome Nealow

Licensed Embalmer No. 3994

P. O. Address 2513 Highline

.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.