

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16789

State File No.

FILED JUN 3 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2214

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>STAY (in this place) 60 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor 5331 Highland</u>		d. STREET ADDRESS (If rural, give location) <u>8001 Euclid</u>	
3. NAME OF DECEASED a. (First) <u>Minnie</u>		b. (Middle) <u>Hudgens</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12-50</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Apr. 5-1869</u>
9. AGE (In years last birthday) <u>81 yrs.</u>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond-Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Louis Piggs</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Ballard</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Hudgens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>L. A. Hughes</u>		ADDRESS <u>Kansas City, Kans.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovary</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>14 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Myocarditis</u>		<u>175X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>4-1-</u> , 19 <u>50</u> , to <u>5-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-11-</u> , 19 <u>50</u> , and that death occurred at <u>9:00P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>402 Wetherman Bldg 314</u>	
23c. DATE SIGNED <u>5/14/50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Co.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home-K. C. Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5-15-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	

Dr. F
5638R

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 *Jimmy S. Huchko*
Licensed Embalmer No. *4092*

P. O. Address *Missouri, Kan*

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.