

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20292  
State File No. 2735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2735

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE<br><b>Kansas</b> |  | b. COUNTY<br><b>Johnson</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Kansas City</b> |  | c. LENGTH OF STAY (In this place)<br><b>10 days</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Kansas City "Rural" 2150</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Luke's Hospital</b>                                    |  |   |  |   |  |
| d. STREET ADDRESS (If rural, give location)<br><b>6544 High Drive</b>                                    |  |   |  |   |  |

|   |  |                                  |             |  |  |  |  |  |  |  |                                |   |                               |  |  |
|---|--|----------------------------------|-------------|--|--|--|--|--|--|--|--------------------------------|---|-------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Nellie</b>   |  |                                  | b. (Middle) |  |  | c. (Last)<br><b>Judy</b>                 |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 18, 1950</b> |  |                                |   |                               |  |  |
| 5. SEX<br><b>female</b>   |  | 6. COLOR OR RACE<br><b>white</b> |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> |  | 8. DATE OF BIRTH<br><b>Apr. 22, 1878</b> |  |  | 9. AGE (In years last birthday)<br><b>72</b>                     |  | IF UNDER 1 YEAR<br>Months Days |   | IF UNDER 6 MRS.<br>Hours Min. |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b> |  |                                  |             | 10b. KIND OF BUSINESS OR INDUSTRY  |  |  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b> |  |  |                                | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |                               |  |  |

|                                       |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>John Roe</b> |  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Lucy Colbert</b> |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>David Judy</b> |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|

|   |  |  |  |   |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>none</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Tom H. Morgan, 6544 High Drive</b> |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|--|

|   |  |  |  |  |  |  |  |  |  |                                  |  |
|---|--|--|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION  |  |  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>  |  |  |  |  |  |  |  |                                  |  |
|   |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Occlusion</b> |  |  |  |  |  |  |  |                                  |  |
|   |  | DUE TO (c)   |  |  |  |  |  |  |  |                                  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                              |  |  |  |  |  |  |  | 4201                             |  |

|  |  |  |  |  |  |   |  |   |  |  |  |
|--|--|--|--|--|--|---|--|---|--|--|--|
| 19a. DATE OF OPERATION                                 |  |  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |                             |  |  |  |  |  |  |  |  |  |
|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|
| 23a. SIGNATURE <b>R.C. Schaffer</b> (Degree or title)<br><b>R.C. Schaffer M.D. Pathologist</b> |  |                             |  | 23b. ADDRESS<br><b>St. Luke's Hospital K.C. Mo.</b>            |  |  |  | 23c. DATE SIGNED<br><b>6-19-50</b>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><b>6-21-50</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Bunceton Cemetery</b> |  |  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Bunceton, Missouri</b> |  |  |  |

|  |  |   |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>6-20-50</b> |  | REGISTRAR'S SIGNATURE<br><b>St. Aldine Holmes</b> |  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Freeman Mortuary, Kansas City, Missouri</b> |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|

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 *Willis H. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *R. 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.