

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 277

FILED JAN 26 1953

BIRTH NO. 354 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 92

0117
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>6Hrs. 14Mins</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		<u>0440</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			d. STREET ADDRESS <u>/</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Un-named</u> b. (Middle) <u>Infant</u> c. (Last) <u>Dudeck (A)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Jan. 22 1953</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 24 HRS. Hours Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Paul E. Dudeck</u>		13b. MOTHER'S MAIDEN NAME <u>Vilma R. Popp</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul E. Dudeck Oregon Missouri</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>774 X</u>				INTERVAL BETWEEN ONSET AND 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>1-22</u> , 1953, to <u>1-22</u> , 1953, that I last saw the deceased alive on <u>1-22</u> , 1953, and that death occurred at <u>6:15 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. P. Peters, M.D.</u>		23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>1-22-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 23 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1953</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James N. Pitzinger</u>	ADDRESS <u>Oregon Mo.</u>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.