

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

279

State File No. ....

FILED JAN 26 1953

BIRTH NO. 386 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>9 Hrs. 16 min.</b>	c. CITY OR TOWN <b>Oregon</b>	<b>0440</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Un named:</b> b. (Middle) <b>Infant:</b> c. (Last) <b>Dudeck (C)</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>Jan. 22 1953</b>	9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Months <b>16</b>	IF UNDER 24 HRS. Hours <b>16</b>	Min. <b>16</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Joseph Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>Paul E. Dudeck</b>		13b. MOTHER'S MAIDEN NAME <b>Vilma R. Popp</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul E. Dudeck Oregon Missouri</b>					
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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, assthenia; etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> 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)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>774X</b>					
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		
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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?	
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22. I hereby certify that I attended the deceased from 1-22, 1953, to 1-22, 1953, that I last saw the deceased alive on 1-22, 1953, and that death occurred at 9:12 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. E. Peterson MD</b>		(Degree or title)		23b. ADDRESS		23c. DATE SIGNED <b>1-22-1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 23 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		24d. LOCATION (City, town, or county) (State) <b>Oregon Mo</b>			
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DATE REC'D BY LOCAL REG. <b>Jan-24-1953</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cash</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James W. Pittenger Oregon Mo</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed James N. Pettigrew  
Licensed Embalmer No. 3182  
P. O. Address Osage 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.