

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14381

State File No.

2171

FILED MAY 13 1953

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

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> township) c. LENGTH OF STAY (in this place) <u>6 WEEKS</u>		c. CITY OR TOWN <u>BELTON</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>7000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>PAUL</u> c. (Last) <u>MUDD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>23</u> <u>53</u>		
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-3-1918</u>	
9. AGE (In years last birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOFFMAN BUICK</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>BATES Co., MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13. FATHER'S NAME <u>PAUL V. MUDD</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MUDD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO. <u>496-03-6803</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY MUDD BELTON, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEUKEMIA, Acute-Lymphatic</u> ANTECEDENT CAUSES ? 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.		INTERVAL BETWEEN ONSET AND DEATH <u>2 MO</u> <u>2040</u>	
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19a. DATE OF OPERATION <u>3-22</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Cervical Gland - Consistent acute Leukemia & Lymphosarcoma</u>		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 3-12 1953, to 4-23, 1953, that I last saw the deceased alive on 4-23, 1953, and that death occurred at 8:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul B. Lott</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1530 Prof. Bldg. Kansas City, Mo.</u>		23c. DATE SIGNED <u>4-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ORIENT</u>	
24d. LOCATION (City, town, or county) (State) <u>HARRISONVILLE MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>K.C. MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			

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

Dr. Leitz
Prof. Bz. 1pM

JUN 11 1956

MAY 22 1956

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.....
Signature of Student Embalmer

Signed *Melvin Basteau*

Licensed Embalmer No. *490*

P. O. Address *A. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.