

5. No. 300
v. 10.48
5008

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24206
3184

State File No.

FILED JUL 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY NORTH</u>		c. LENGTH OF STAY (in this place) <u>66 YRS.</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4309 EAST 46TH TERRACE</u>				e. STREET ADDRESS (If rural, give location) <u>4309 EAST 46TH TERRACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>			b. (Middle) <u>OSCAR</u>			c. (Last) <u>RUDOLPH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 20 1953</u>							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 28 1874</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R. R. EXPRESS AGENCY DRESDEN GERMANY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DRESDEN GERMANY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JULIUS RUDOLPH</u>			13b. MOTHER'S MAIDEN NAME <u>HELENE STEINMETZ</u>			13. NAME OF HUSBAND OR WIFE <u>MRS. GENEVIEVE W. RUDOLPH</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>714-14-6871</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GENEVIEVE W. RUDOLPH</u> ADDRESS <u>4309 EAST 46TH TERRACE N.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic sclerosis</u> DUE TO (c) <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>Instant</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>1947</u> , 19 <u> </u> , to <u>June 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 19 1953</u> , 19 <u> </u> , and that death occurred at <u>8: A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Melvin Langhus</u> (Degree or title) <u>MD, MD</u>				23b. ADDRESS <u>16 Kansas City Mo</u>		23c. DATE SIGNED <u>6-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-22-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Neacome's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>		

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.....
Signature of Student Embalmer

Signed *Basil Morley*

Licensed Embalmer No. *472 H*

P. O. Address *Osland*

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.