

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4942

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 771

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 township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>77 6015-CHERRY STREET</u> <u>28280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6015 CHERRY STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>R</u> c. (Last) <u>LOUDERMILK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 16, 1954</u>		
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5. SEX <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 2, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE BUSINESS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GOWEN, OKLAHOMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Giff Loudermilk</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE FARRIS</u>		14. NAME OF HUSBAND-OR WIFE <u>PAULINE LOUDERMILK</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-09-2858</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Loudermilk</u> ADDRESS <u>6015 CHERRY STREET KANSAS CITY, MISSOURI</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF COLON</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mediastinal, retroperitoneal, & axillary-inguinal nodes</u> DUE TO (c) <u>Pulmonary embolism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 month</u>			
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19a. DATE OF OPERATION <u>Dec 15/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF COLON</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May, 1952, to 2-16, 1954, that I last saw the deceased alive on 2-14, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Goldblatt</u> B. Goldblatt (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Huron Bldg KEK</u>		23c. DATE SIGNED <u>2-17-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 19 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>2-19-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. H. Newcomer</u> ADDRESS <u>2818 BROUGH GREEN BLVD. KANSAS CITY, MISSOURI</u>	
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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 *Charles W. Beaman*

Licensed Embalmer No. *4937*

P. O. Address *J.C. 10, 7*

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.