

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33829

State File No. _____

FILED NOV 5 - 1954

4784

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 FULL and give town or township) <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"/>		e. LENGTH OF STAY (in this place) <u>21 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. JOSEPH HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>4710 BLUE RIDGE BLVD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>		b. (Middle) <u>LOUELLA</u>		c. (Last) <u>CAUDELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 12, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 14, 1900</u>	
9. AGE (In years last birthday) <u>53</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>POLOCK, LOUISIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM A. COBBIN</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVE CLARINDA SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED Robert Lee CaudeLL</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>486-05-5963</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. RUSSELL J. Pisciotta</u> ADDRESS <u>4710 BLUE RIDGE BLVD. KANSAS CITY, 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>Carcinoid tumor of duodenum - perforated</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pancreatitis & Bile Primary in</u> DUE TO (c) <u>Peritonitis following surgery -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>152 X</u>	
19a. DATE OF OPERATION <u>9-29-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</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 <u>9-21-54</u> , 19 <u>54</u> , to <u>10-12-54</u> , 19 <u>54</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>10-12</u> , 19 <u>54</u> , and that death occurred at <u>4:20 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Vincent J. Williams</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>836 Maple Hwy</u>		23c. DATE SIGNED <u>Oct 13 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-15-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-15-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Newcomer</u> ADDRESS <u>1331 BUSH CREEK KANSAS CITY, MISSOURI</u>			

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

ni 9581

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 *Chester K Brewer*

Licensed Embalmer No. *49*

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