

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11988

State File No. ....

1381

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Knob Noster</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 days</b>		STREET ADDRESS (If rural, give location) <b>Rural-Washington Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VICKI</b>	b. (Middle) <b>LYNN</b>	c. (Last) <b>JUDD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 26 55</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>2-25-1953</b>
9. AGE (In years last birthday) <b>2</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XX</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Warrensburg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Charles H. Judd</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth E. Burtan</b>	14. NAME OF HUSBAND OR WIFE <b>XX</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>XX</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles H. Judd, Knob Noster, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Foreign Body - Rt. Bronchus</b>		<b>Jan 1955</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe Pneumonitis,</b> DUE TO (c) <b>Bronchial Wstruction -</b>		<b>3/20/55</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>E9210 22</b>

19a. DATE OF OPERATION <b>3/23/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Bronchoscopy - Peanut - Rt Bronchus.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Knob Noster, Johnson Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 1955</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Peanut - right bronchus</b>
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22. I hereby certify that I attended the deceased from **3/22**, 19**55**, to **3/26**, 19**55**, that I last saw the deceased alive on **3/24**, 19**55**, and that death occurred at **3:55 A.**, from the causes and on the date stated above.

23. SIGNATURE <b>Clarke L. Henry</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Plaza Med. Bldg No. K.C</b>	23c. DATE SIGNED <b>3/28/55</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-28-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Knob Noster, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-28-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagner Funeral Home</b>	ADDRESS <b>K 6 Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ME 3323

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 *Alvin R. Haenschel*

Licensed Embalmer No. *412*

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.