

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2066

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY JACKSON					
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 38 YEARS		c. CITY OR TOWN KANSAS CITY		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 1105 EAST-11 <sup>TH</sup> STREET				10 <sup>th</sup> STREET ADDRESS (If rural, give location) 1105 EAST-11 <sup>TH</sup> STREET 310 <sup>th</sup>					
3. NAME OF DECEASED a. (First) EDNA			b. (Middle)		c. (Last) CUDDY		4. DATE OF DEATH (Month) (Day) (Year) MAY-10-1956		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH-29-1874		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MARION VIRGINIA			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JAMES K. P. DAVIS			13b. MOTHER'S MAIDEN NAME EMMA HARVEY			14. NAME OF HUSBAND OR WIFE ROBERT H. CUDDY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS ROBERTA CUDDY				ADDRESS 1105-11 <sup>TH</sup> ST. KANSAS CITY, MO.	
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) Myocardial Infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dysrhythmized Atrial Schmit + ASHD DUE TO (c) Diabetic  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Co. of Corvix e. hypertension				INTERVAL BETWEEN ONSET AND DEATH  360 X H	
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) (Min.)		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 1953, 19, to May 10, 1956, that I last saw the deceased alive on May 9, 1956 and that death occurred at 1:00 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Don A. Black (Degree or title) MD.				23b. ADDRESS 924 Prof Bldg			23c. DATE SIGNED 11 May 1956		
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE MAY-12-1956		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) BETHANY Missouri			
DATE REC'D BY LOCAL REG. 5-12-56		REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		

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 *Adrian Jay Stitt*.....

Licensed Embalmer No. *482*

P. O. Address *L.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.