

THE DIVISION OF HEALTH - MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26512**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (If in this place) 10 days	d. In 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 Harmony Hill Rest Haven		e. STREET ADDRESS (If rural, give location) 309 N. Alanthus Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) ROSA	b. (Middle) DELORES	c. (Last) JUDD	4. DATE OF DEATH (Month) (Day) (Year) August 21, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH (Month) (Day) (Year) October 21, 1874
9. AGE (In years) (last birthday) 81		10. MONTHS 10	11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES DENHAM	13b. MOTHER'S MAIDEN NAME JOSEPHINE FORBES	14. NAME OF HUSBAND OR WIFE WYATT JASPER JUDD
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 ADDRESS JOSEPH L. JUDD, St. Joseph, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Cardio (vascular) disease		years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none	

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) 4221
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Nov 5, 1952 to 8-21, 1956, that I last saw the deceased alive on 8-17, 1956, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles L. Carlin M.D.	23b. ADDRESS Stanberry, Mo	23c. DATE SIGNED 8-22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1956 August 23	24c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE
24d. LOCATION (City, town, or county) (State) STANBERRY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanberry, Mo.
DATE REC'D BY LOCAL REG. 8-27-56	REGISTRAR'S SIGNATURE Maudie Williams	

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

4620

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, *dy/bj*, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ross E. Johnson*

Licensed Embalmer No...4948.....

P. O. Address *Stanberry, Misso*

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.