

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27320**

FILED AUG 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5272</u> Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Prairie Township</u>		c. LENGTH OF STAY (in this place) <u>1 mo</u>	c. CITY OR TOWN <u>Independence</u>		d. STREET ADDRESS <u>1304 S. Liberty</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>10057</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>(M.M.N.)</u> c. (Last) <u>TUDOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>29</u> <u>56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-10-1863</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Forley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>
13a. FATHER'S NAME <u>Albert Tudor</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Shrewsberry</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Tudor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie Tudor, Indep. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(b) Fracture Rt. hip.</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (a) <u>Pneumonia.</u> DUE TO (c) <u>arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Independence</u> COUNTY <u>Jackson</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY <u>7-13-56</u> (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>walking about house.</u>	
22. I hereby certify that I attended the deceased from <u>7-23-</u> , 1956, to <u>7-29</u> , 1956, that I last saw the deceased alive on <u>7-29</u> , 1956, and that death occurred at <u>10:11</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas. Xaper M.D.</u> (Degree or title)			23b. ADDRESS <u>Lees Summit, Mo</u>		23c. DATE SIGNED <u>7-29-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mid Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
DATE REC'D BY LOCAL REG. <u>7-28-56</u>		REGISTRAR'S SIGNATURE <u>N. Blangford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. P. Carson Independence Mo.</u>	

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

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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 .....  
Student Embalmer

Signed Harold E. Koebel

Licensed Embalmer No. 4609

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.