

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30764

STATE FILE NUMBER

FILED SEP 27 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3920

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Esther Winkelman

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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u> <u>375</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4730 VIRGINIA AVE.</u>		Length of stay in 1b <u>56 YEARS</u>	
3. NAME OF DECEASED (Type or print) First <u>HEBER</u> Middle <u>F.</u> Last <u>HUDELSON</u>		4. DATE OF DEATH <u>SEPTEMBER 3, 1956</u> Month <u>SEP</u> Day <u>3</u> Year <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUGUST 7, 1885</u>
9. AGE (In years last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SPRINKLER FITTER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO SPRINKLER CO.</u>		11. BIRTHPLACE (City and state or country) <u>RICH HILL, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>DR. WILLIAM HUDELSON</u>	
14. MOTHER'S MAIDEN NAME <u>MOLLIE CASSIDY</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>495-09-4698A</u>		17. INFORMANT <u>MRS. CYNTHIA HUDELSON, 4730 VIRGINIA K.C.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage, gastro intestinal</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Enteritis viral and</u> DUE TO (c) <u>Discussed therapy</u> <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Coronary occlusion myocardial heart disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>-</u>
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>-</u> COUNTY <u>-</u> STATE <u>-</u>
21. I attended the deceased from <u>Nov. 1951</u> to <u>Sept. 3, 1956</u> and last saw <sup>him</sup> <u>him</u> alive on <u>Sept. 2, 1956</u> Death occurred at <u>8:40 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Esther Winkelman M.D.</u>		22b. ADDRESS <u>7449 Parkway K.C.Mo</u>	
22c. DATE SIGNED <u>9-4-56</u>		23a. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23c. DATE <u>SEPT 6, 1956</u>	23d. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	23e. DATE RECD. BY LOCAL REG. <u>9-6-56</u>
24. FUNERAL DIRECTOR <u>A. H. Newcomer's Sons, Kansas City, Mo</u>		25. REGISTRAR'S SIGNATURE <u>Nevar Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed

1-3-44

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 Brown

Licensed Embalmer No. 49

P. O. Address KC 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.