

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4778

FILED MAR 6 1957

STATE FILE NUMBER
655

Registration District No. 149 Primary Registration District 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 Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		0396 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			Length of stay in 1b 1 day	d. STREET ADDRESS S. A. WINEST			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LOU A HUDSON			4. DATE OF DEATH Month Day Year FEB. 11-1957				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB-10-1890	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert A. Naturne				14. MOTHER'S MAIDEN NAME Lou Anderson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mack Hudson		Address Kansas City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident							INTERVAL BETWEEN ONSET AND DEATH 12 h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Cerebral atherosclerosis				
			DUE TO (c)				331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 1						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson	STATE MO
21. I attended the deceased from Feb. 10, 1957, to Feb. 11, 1957, and last saw her alive on Feb. 10, 1957. Death occurred at 6:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE K. L. Shireman, M.D.				22b. ADDRESS 4606 St. John Ave		22c. DATE SIGNED 2-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE FEB. 11-1957	23c. NAME OF CEMETERY OR CREMATORY Loft's Cem.		23d. LOCATION (City, town, or county) Gainesville, Missouri		(State)	
24. FUNERAL DIRECTOR D.W. NEVCOMER & SONS			ADDRESS 133 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-11-57		26. REGISTRAR'S SIGNATURE Reva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
K. L. Shireman

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

MAR 15 1957

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 *Basil Honey*
Licensed Embalmer No. *117*
P. O. Address *P.O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.