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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

STATE FILE NUMBER 5164

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 53

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~####~~ Ft. Osage — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rural — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR#1 Buckner, Mo. — Length of stay in Ib Life	d. STREET ADDRESS RR#1 Buckner, Mo. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MRS. Middle: MARY Last: HUDSPETH ELSEA				4. DATE OF DEATH Month Day Year: Feb.14,1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Oct.20,1869	9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
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 country): Rural Jackson Co.Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joel R. Hudspeth			14. MOTHER'S MAIDEN NAME: Sallee, Franklin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 490-42-7237	17. INFORMANT: Mrs Frances Elsea — Address: RR1 Buckner,Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b) Cardiac Decompensation

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Nov. 20,1956, to Feb. 14,1957 and last saw her ~~him~~ alive on Feb 14,1957. Death occurred at 5:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Heasler D.O. (Degree or title) — 22b. ADDRESS Buckner, mo — 22c. DATE SIGNED 2-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Feb.16,1957	Woodlawn	Indep Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
OTT & MITCHELL	Indep,Mo.	2-16-57	[signature]

(Licensed Embalmer's Statement on Reverse Side)

54-0

FEB 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jason T. White

Licensed Embalmer No. 192

P. O. Address

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.