

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5211

State File No. ....

FILED FEB 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 89

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin

c. LENGTH OF STAY (in this place) 10 das

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Kansas b. COUNTY Cherokee

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barkers Rest Home

d. STREET ADDRESS (If rural, give location) Galena Kansas

3. NAME OF DECEASED (Type or Print)

a. (First) Gladys b. (Middle) Elizabeth c. (Last) Dudley

4. DATE OF DEATH Feb. 10 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb. 9, 1868

9. AGE (In years last birthday) 89 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Drew Dudley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Clyde Vanatta - Columbus, Ks Rt. 1 ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Respiratory Failure INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage 10 Days

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive Cardio Vascular Disease Chronic

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443X 20. AUTOPSY Yes YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Dec 1955, to Feb 10, 1957, that I last saw the deceased alive on Feb 10, 1957, and that death occurred at 4 P. m. from the causes and on the date stated above.

23a. SIGNATURE Paul H. Gubb M.D. (Degree or title) 23b. ADDRESS Galena Kansas 23c. DATE SIGNED 2/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/12/57 24c. NAME OF CEMETERY OR CREMATORY Harview 24d. LOCATION (City, town, or county) (State) Melrose Kansas

DATE REC'D BY LOCAL REG. 2-19-57 REGISTRAR'S SIGNATURE Dore Merriam 25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary ADDRESS Joplin, Mo.

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

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Jasper County Health Office

County File Number 57-2-156

Date Filed FEB 25 1937

JUN 19 1937

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.....

working under my personal supervision.

Student Embalmer No. ....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.