

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005906
STATE FILE NUMBER 541

FILED FEB 24 1958

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 JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 215 KANSAS CITY 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 Hosp.		Length of stay in 1b 75 years	d. STREET ADDRESS (If outside, give location) 4436 FAIRMOUNT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARY TRAUDT			4. DATE OF DEATH Month Day Year JAN 31 1958		
5. SEX FEMALE	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1866	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR: Months Days Hours 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 (City and state or country) Fredrick MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Patrick O'Brien		13b. MOTHER'S MAIDEN NAME Mary Russell		14. NAME OF HUSBAND OR WIFE Joseph Traudt. (deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT Mrs. Florence Slater 4436 Fairmount 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) Fracture neck of femur and Broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH 89040
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 checked="" 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.) Fell in the home
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 1 17 58	

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.) Home	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.	COUNTY 123 STATE
21. I attended the deceased from Sept 1947 to Jan 31, 58 and last saw her live on Jan 31, 58 Death occurred at St. Mary's Hospital on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Merwin J. Rumold M.D.	(Degree or title)	22b. ADDRESS Blaze Time Bldg 11 C. Mo	22c. DATE SIGNED 1 Feb 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 3, 1958	23c. NAME OF CEMETERY OR CREMATOR Mt. St. Mary's Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Muehlebach	ADDRESS 6800 TROOST	25. DATE RECD. BY LOCAL REG. 2-9-58	26. REGISTRAR'S SIGNATURE Neva Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be causally related.

Merwin J. Rumold

*Dr. P. S. ...
411 ...*

*W.S.
1-19-29*

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 *P. S. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *K. C. ...*

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.