

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032639

STATE FILE NUMBER 4275

FILED OCT 1 1958

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

S. 300
1-57 4

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| 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 KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If in hospital, give location) HOSPITAL OR INSTITUTION 708 GARFIELD AVE. | | Length of stay in 1b 60 YEARS | d. STREET ADDRESS (If outside, give location) 6020 E. 15th TERRACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE OLA DUDERSTADT | | | 4. DATE OF DEATH Month Day Year SEPTEMBER 6 1958 | |
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| 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 AUGUST 25, 1889 | 9. AGE (In years last birthday) 69 | 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) HOME MAKER | | 10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC | 11. BIRTHPLACE (City and state or country) LOUISBERG, KANSAS | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME CHARLES CROW | | 13b. MOTHER'S MAIDEN NAME MARY HINMAN | | 14. NAME OF HUSBAND OR WIFE ROBERT DUDERSTADT | |
| 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. NONE | | 17. INFORMANT CARL DUDERSTADT, 6020 Gross 6229 E. 15th Terr. K.C.Mo. | |

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| 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>Arteriosclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>6 years</u> <u>45-50'</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> | | | |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> |

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

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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from 1-1-58 to 9-6-58 and last saw her alive on 9-6-58
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 21a. SIGNATURE <i>Paul Laureanza</i> | (Degree or title) D | 22b. ADDRESS 428 S. White Ave | 22c. DATE SIGNED 9-6-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE SEPT. 8, 1958 | 23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAN CEMETERY | 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI |
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| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | ADDRESS 1331 BRUSH CREEK BLDG. KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 9-8-58 | 26. REGISTRAR'S SIGNATURE neva minshall |
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All diseases in Part I must be causally related. Frank Paul Laureanza USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 V. Honey

Licensed Embalmer No. 4724
P. O. Address 302 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.