

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032735
STATE FILE NUMBER

73466-5D
FILED OCT 15 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4516

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> -b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Mary's Hospital</i>		Length of stay in 1b <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>4835 Park Lane</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GLADYS M. HUDSON</i>		4. DATE OF DEATH Month Day Year <i>September 22 1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>September 21 1958</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City Mo.</i>
13a. FATHER'S NAME <i>Charles E. Hudson</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Warehouse</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Charles E. Hudson - 4835 Park Lane</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Kyaline Membrane Disease of Lung</i>			INTERVAL BETWEEN ONSET AND DEATH <i>27 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Prematurity 7 wks</i>			<i>1735</i>
DUE TO (c) <i>None</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>None</i>			19. WAS AUTOPSY PERFORMED? 1 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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	
21. I attended the deceased from <i>time of birth</i> and last saw <i>her</i> alive on <i>Sept. 22-58</i> Death occurred at <i>3:25 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Leo M. Mullen M.D.</i>		22b. ADDRESS <i>4443 Paseo Blvd</i>	
		22c. DATE SIGNED <i>9-23-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Sept 23 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>	
24. FUNERAL DIRECTOR <i>Wilbert General Home</i>		25. DATE RECD. BY LOCAL REG. <i>9-24-58</i>	
ADDRESS <i>2365 Pinewood</i>		26. REGISTRAR'S SIGNATURE <i>Mera Marshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Leo M. Mullen



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Chas E Weeks

Licensed Embalmer No. 2644
P. O. Address 17 EMO

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.