

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009465
STATE FILE NUMBER 1132

FILED MAR 19 1959

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

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> 17000 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp - Spts</u> | | Length of stay <u>45 min.</u> | d. STREET ADDRESS (If outside, give location) <u>9100 Wilson Rd.</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>RALPH Hudson SR.</u> | | 4. DATE OF DEATH Month Day Year <u>2 26 59</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/11/1905</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Rock Quarry</u> | 11. BIRTHPLACE (City and state or country) <u>Oseola, Mo.</u> |
| 13a. FATHER'S NAME <u>Joseph A. Hudson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alvena Crawford</u> | 14. NAME OF HUSBAND OR WIFE <u>Jane E. Hudson</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-05-5445</u> | 17. INFORMANT Address <u>Jane E. Hudson 9100 Wilson Rd.</u> |
| 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>acute myocardial infarction</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>acute coronary occlusion</u> | | | <u>6 hours</u> |
| DUE TO (c) <u>coronary artery sclerosis</u> | | | <u>chronic.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>U. S. I.</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> 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 <u>2-26-59</u> to <u>2-26-59</u> and last saw him alive on <u>2-26-59</u> Death occurred at <u>8:16 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>David J. Elias M.D.</u> | | 22b. ADDRESS <u>9306 E new 40th</u> | 22c. DATE SIGNED <u>2-27-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/2/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Sheil Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-2-59</u> | 26. REGISTRAR'S SIGNATURE <u>neva minshall</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
David J. Elias

All diseases in Part I must be causally related.



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 *Harold D. Reich*

Licensed Embalmer No. *4998*
P. O. Address *Kansas City*

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.