

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013264

STATE FILE NUMBER

DECEASED APR 20 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1614

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI	b. COUNTY BUKHANAN
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 ND + BROOKLYN		c. CITY OR TOWN ST JOSEPH	d. STREET ADDRESS 2017 SYLVANIE
Length of stay in 1b 7 mos.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First RALPH	Middle LEE	Last DUDLEY	Month 3	Day 29	Year 1959
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 25, 1931	9. AGE (In years last birthday) 27 YRS	10. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (City and state or country) TROY, KANS.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME RALPH O. DUDLEY			14. MOTHER'S MAIDEN NAME LYDIA FRANCE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES COREAN		16. SOCIAL SECURITY NO. 497-30-5568		17. INFORMANT LYDIA LANKFORD	
				Address ST JOSEPH, MO.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock		
DUE TO (b) Compound Comminuted Fracture Bones of Face DUE TO (c) Auto collision		
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.) 2 Cars.	
20c. TIME OF INJURY Hour 1:10 a. m. 2 p. m. Month, Day, Year 3/29/1959		123	
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.) 22 ND + Brooklyn	
20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, MO		COUNTY	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	
22c. DATE SIGNED 3/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-30-1959	
23c. NAME OF CEMETERY OR CREMATORY ASHLAND CEMETERY		23d. LOCATION (City, town, or county) ST. JOSEPH, MISSOURI	
24. FUNERAL DIRECTOR BROWN-HUDSON, K.C. MO		25. DATE RECD. BY LOCAL REG. 3-30-59	
ADDRESS		26. REGISTRAR'S SIGNATURE Hava Minshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

Disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

3961 8 AV

APR 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence P. [Signature]*
Licensed Embalmer No.

P. O. Address *2394 [Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.