

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029134

FILED VS SEP 4 1959/49

Primary Registration District No. 1002

Registrar's No. 4102

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Mo.		Length of stay in 1b 4 yrs.		c. CITY OR TOWN 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 Trinity Lutheran Hos				d. STREET ADDRESS 3219 Charlotte		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sally M. Hudson				4. DATE OF DEATH Month Day Year Aug. 24 1959			
5. SEX FE		6. COLOR OR RACE Wh.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-4-1885	
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY MO		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME Stevens			13b. MOTHER'S MAIDEN NAME -			14. NAME OF HUSBAND OR WIFE M. T. Hudson	
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 Address Betty Dodson 1706 N 41st Terr. KC, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Broncho-pneumonia						13 to 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia						1 mo	
DUE TO (c) Nephrosis - Type not classified						? 6 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 1b.)			
20c. TIME OF INJURY		Hour a.m. p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 Aug. 11, 1959 to Aug 24-59 and last saw her alive on Aug 23, 1959 Death occurred at 6:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John M. Powers, M.D.				22b. ADDRESS 3309 Linwood Blvd		22c. DATE SIGNED 8/24/59	
23a. NAME OF CEMETERY OR CREMATORY Local		23b. DATE 8-27-59		23c. NAME OF CEMETERY OR CREMATORY Lockview		23d. LOCATION (City, town, or county) (State) OSCEOLA MO.	
24. FUNERAL DIRECTOR Goodrich Funeral Home				25. DATE RECD. BY LOCAL REG. 8-24-59		26. REGISTRAR'S SIGNATURE Neva Marshall	
(If not an Embalmer's Statement on Reverse Side)							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John M. Powers

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Paul Finestone

Licensed Embalmer No. 399

P. O. Address Osoola

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.