

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040125

FILED VS. DEC 10 1959 149

Primary Registration District No. 1002 Registrar's No. 5745

STATE FILE NUMBER

WENDED

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 Kansas City		Length of stay in 1b 1 Day		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Osteopathic Hpsp 11th & Harrison			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2025 Harvard		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Thomas Middle Arden Last Hudler				4. DATE OF DEATH Month Nov Day 28 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-24-1889		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bendix Corp			10b. KIND OF BUSINESS OR INDUSTRY Oiler		11. BIRTHPLACE (City and state or country) Wilton Jct Iowa		12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Frank H udler				13b. MOTHER'S MAIDEN NAME Happy Fulton				14. NAME OF HUSBAND OR WIFE Opal Hudler					
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. 490-09-2880		17. INFORMANT Opal Hudler Address 2025 Harvard Independence Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure DUE TO (b) interosclerotic heart disease DUE TO (c) Intestinal Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 10 min 30 hrs			
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 18.)									
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 11-26-59 to 11-28-59 and last saw ^{her} him alive on 11-27-59 Death occurred at 5:27 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>[Signature]</i>						22b. ADDRESS 11109 W. Main Rd. Indep.			22c. DATE SIGNED 11-29-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov 30 1959		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem				23d. LOCATION (City, town, or county) Oak Grove		(State) Mo			
24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Blue Springs Mo				25. DATE RECD. BY LOCAL REG. 11-29-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

E. O. Fisher DO MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 31 1960

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 William Free

Licensed Embalmer No. 4733

P. O. Address The Spring

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.