URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-011013
STATE FILE NUMBER

FILED VS MAR 28 1960

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1514

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 12 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Woodland Nursing Home 512 Woodland Ave. — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 405 West 12th.St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First EARL Middle LEE Last HUDSON
4. DATE OF DEATH: Month 3 Day 13 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced X
8. DATE OF BIRTH: 4-3-80
9. AGE (last birthday): 79 — 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): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Ship Building
11. BIRTHPLACE (City and state or country): Elwood, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: "unknown"
13b. MOTHER'S MAIDEN NAME: "unknown"
14. NAME OF HUSBAND OR WIFE: Bertha Caldwell Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-14-4945A
17. INFORMANT: Records: Jackson County Welfare — Address: K.C., 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 years
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-7-60 to 3-13-60 and last saw her/him alive on 3-13-60
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurenzano (Degree or title) M.D.
22b. ADDRESS 428 S. White ave
22c. DATE SIGNED 3.14.60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-16-60
23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery
23d. LOCATION (City, town, or county) Kansas City, Kansas (State)

24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) ADDRESS K.C., MO.
25. DATE RECD. BY LOCAL REG. 3-14-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Frank Paul Laurenzano M.D. CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B E Weibert

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K.C.8, Mo

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