

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027308

FILED VS AUG 9 1960 146

Registration District No. 5568 Primary Registration District No. 369 Registrar's No.

STATE FILE NUMBER

| | | | | | |
|---|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson (Blue) | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairmount | | Length of stay in lb Most of Life | c. CITY OR TOWN Fairmount | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10319 Independence Avenue | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 10319 Independence Ave | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EVA Middle McGINNESS Last KRUDOP | | | 4. DATE OF DEATH Month July Day 30 Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/21/1892 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days 68 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Dress Shop | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME L. B. Arbuckle | | 13b. MOTHER'S MAIDEN NAME Ida Shackelford | | 14. NAME OF HUSBAND OR WIFE W. T. Krudop | |
| 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. 497-14-3856 | 17. INFORMANT Address Mrs. June Stearns, 5901 Central, 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) Malignant melanoma | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized metastases to | | | | | 6 mo |
| DUE TO (c) inward skin | | | | | |
| 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 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 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 May 1 1960 to July 30 and last saw her alive on July 28, 1960 Death occurred at 10:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Fred W. Smith MD (Degree or title) | | | 22b. ADDRESS 10229 Independence, K.C., Mo. | | 22c. DATE SIGNED 7/30/1960 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE August 1, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery | 23d. LOCATION (City, town, or county) Kansas City | 23e. (State) Missouri | |
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Missouri | | 25. DATE RECD. BY LOCAL REG. 7-30-60 | 26. REGISTRAR'S SIGNATURE James H. [Signature] | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
W. C. Nelson

Licensed Embalmer No. 444

P. O. Address W. C. Nelson

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