

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000123

FILED VS JAN 10 1961

15

Registration District No. Primary Registration District No. 3004

1

STATE FILE NUMBER

AMENDED

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1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 3 wks	c. CITY OR TOWN Jasper		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS RFD #3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last DUDGEON			4. DATE OF DEATH Month Jan Day 1 Year 1961					
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/20/1881	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Barton County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME David Senseney		13b. MOTHER'S MAIDEN NAME Nancy		14. NAME OF HUSBAND OR WIFE Wm. A. Dudgeon				
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 Worth Dudgeon, Jasper, Mo. R#3				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rectal cancer						INTERVAL BETWEEN ONSET AND DEATH 5 Months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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 _____ 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 May 15 60 to Jan 1 61 and last saw her alive on Jan 1 61 Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J R - Gerdner MD (Degree or title)			22b. ADDRESS L A M A R			22c. DATE SIGNED 1-3-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 4 1961	23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		23d. LOCATION (City, town, or county) Barton County, Missouri				
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri			25. DATE RECD. BY LOCAL REG. JAN 4 - '61		26. REGISTRAR'S SIGNATURE Marie Konantz			

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Korantz

Licensed Embalmer No. 7747

P. O. Address Lamar

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.