

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043979
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. #

FILED JAN 8 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u> | | c. CITY OR TOWN <u>Liberty</u> | |
| Length of stay in lb <u>1 day</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>327 Arthur</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Madge Nicholson Truex</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 30, 1961</u> | | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cauc</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-24-1886</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Lexington, Mo., U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY |
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| 13a. FATHER'S NAME <u>Edward Nicholson</u> | 13b. MOTHER'S MAIDEN NAME <u>Clare Fall</u> | 14. NAME OF HUSBAND OR WIFE <u>Chester Truex</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Everett Truex</u> Address <u>Liberty, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia, bilateral</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> DUE TO (b) <u>Hypertrophy of heart</u> <u>indefinite</u> DUE TO (c) | |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition. Give in PART I (e) <u>Arthritis, deformans</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year |
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| 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 |
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21. I attended the deceased from 1940 to Dec 30 1961 and last saw her alive on 12/20/61
Death occurred at 3pm on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Leona W. Huddman MD</u> | 22b. ADDRESS <u>Liberty, Mo</u> | 22c. DATE SIGNED <u>1/7/62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 2, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | 23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Church-Ancher Co. Liberty, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-2-62</u> | 26. REGISTRAR'S SIGNATURE <u>Marguerite Huddgens</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo

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.