

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045948

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1460

STATE FILE NUMBER

FILED JAN 2 1962

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Joseph Length of stay in 1b 1 1/2 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE Hospital #2 Inside Limits Yes 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 No
 d. STREET ADDRESS (If outside, give location) 7012 Agnes Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ALVAH Middle D. Last Dudley 4. DATE OF DEATH Month 12 Day -26 Year 62

5. SEX MALE 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-9-1885 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Packer 10b. KIND OF BUSINESS OR INDUSTRY Storage Company 11. BIRTHPLACE (City and state or country) Lead Hill Arkansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Richard Jason Dudley 13b. MOTHER'S MAIDEN NAME Mollie Lazars 14. NAME OF HUSBAND OR WIFE Vera Dudley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 17. INFORMANT Vera Dudley Address 7012 Agnes

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Chronic Myocarditis
 DUE TO (b) Generalized Arteriosclerosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Chr. Brain Syndrome associated with Cerebral Arteriosclerosis
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 12/23/62 to 12/26/62 and last saw her/him alive on 12/26/62
 Death occurred at 10:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Forrest Thomas MD 22b. ADDRESS 17. St. Joseph 22c. DATE SIGNED 12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 29, 1962 23c. NAME OF CEMETERY OR CREMATORY Floral Hills 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 TROOST 25. DATE RECD. BY LOCAL REG. Dec. 28, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF F. Thomas M. D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

JAN 1 1963

Permit issued 12/26/62

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 *R. E. Nichols*

Licensed Embalmer No. 4997

P. O. Address K. E. 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.