

CERTIFICATE OF DEATH

FILED

NOV 27 1972

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

300
v. 1/70

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. **Louella Hudson** Female November 13, 1972

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. **White** 90 5b. 90 5c. **July 17, 1882** 7a. **Jackson**

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. **Kansas City** 7c. **Yes** 7d. **Grosse Nursing Home 3918 Charlotte**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. **Missouri** 9. **U.S.A.** 10. **Never Married** 11. **None**

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. **488 58 5363 J I** 13a. **Retired Registered Nurse** 13b. **Private Duty**

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
14a. **Missouri** 14b. **Jackson** 14c. **Kansas City** 14d. **Yes** 14e. **3812 McGee**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. **Samuel L. Hudson** 16. **Huldah A. Weldon**

17. **LaVora Flomerfelt** 17b. **3812 McGee Kansas City Missouri**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) **Malnutrition**
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) **Chronic Brain Syndrome**
DUE TO, OR AS A CONSEQUENCE OF:
(c) **Generalized Arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
19a. **No** 19b. **If YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. _____ 20b. _____ 20c. _____

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20a. _____ 20b. _____ 20c. _____ 20d. YES NO UNK.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____ AND LAST SAW HIM/HER ALIVE ON _____
21a. **9-1-72** 21b. **11-13-72** 21c. **11-12-72** 21d. _____ 21e. _____

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
22a. _____ 22b. _____ 22c. _____ 22d. _____

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
23a. **Olto W. Theel M.D.** 23b. **Olto W. Theel M.D.** 23c. **11-22-72**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23d. **4301 Main St. Kansas City Missouri**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24a. **Burial** 24b. **Gilman City Cemetery** 24c. **Gilman City, Missouri**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. **Nov 15 1972** 24e. **Noble Roberson Funeral Home Gilman City Missouri**

FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
25a. **Forrest P. Goldenow** 25b. **Julius Boyt** 25c. **11-13-72**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 29
10a. 29
10b. 095
11. 22201
12. 22201
13. 3571
14. 4409
15. 4409
16.
17.
18.
19. CREDITS
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 11 1972

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 Forest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address K.C. 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.