

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 192

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (In this place) 40 years

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 1705 Francis St. 0117 6

3. NAME OF DECEASED

a. (First) Alma b. (Middle) F. c. (Last) Judson

4. DATE OF DEATH (Month) (Day) (Year) February 10, 1955

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH September 2, 1871 9. AGE (In years last birthday) 83

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 Foreign Country) Princeton, Missouri 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. M. Fullerton 13b. MOTHER'S MAIDEN NAME Fanetta Reeves 14. NAME OF HUSBAND OR WIFE Herbert W.

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'S SIGNATURE OR NAME Mrs. Francis Verner, 1705 Francis, St. Joseph, ADDRESS

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Dis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *gail arteriosclerosis*

DUE TO (c) *Non-Union Rt. Lung*

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION none 4200F 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE 7 yrs ago HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1948 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? fell in home

22. I hereby certify that I attended the deceased from 2/8, 1955, to 2/10, 1955, that I last saw the deceased alive on 2/9, 1955, and that death occurred at 9:45p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jacob Kulawski MD 23b. ADDRESS St Joseph Mo 23c. DATE SIGNED 2/15/55

24. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 485 2/12/1955 24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Feb 21, 1955 REGISTRAR'S SIGNATURE Esther M. Allison FUNERAL DIRECTOR'S SIGNATURE HEATON-BOWMAN ADDRESS St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Wood

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.....
Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *314 10th St*

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.