

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1951

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. -6-

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Upper Loutre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Upper Loutre	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 miles South west		d. STREET ADDRESS (If rural, give location) 3 1/2 miles S. W. of Wellsville	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) CRITTINGTON c. (Last) HUDSON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1949				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 8, 1866	9. AGE (In years last birthday) 82	# UNDER 1 YEAR 8	# UNDER 1 DAY 1	# UNDER 1 MIN. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Montgomery County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME L. H. Gifford	13b. MOTHER'S MAIDEN NAME Amanda Hunter	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Eddie W. Hudson Wellsville Mo	ADDRESS Wellsville Mo
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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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 17 hours
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	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 ↓ 201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 8, 1949**, to **Feb 9, 1949**, that I last saw the deceased alive on **Feb 8, 1949**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Ireland O.M.D.	(Degree or title)	23b. ADDRESS Wellsville Mo	23c. DATE SIGNED Feb 10, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/49	24c. NAME OF CEMETERY OR CREMATORY Wellsville City	24d. LOCATION (City, town, or county) (State) Wellsville, Missouri

DATE REC'D BY LOCAL REG. Feb. 10, 1949	REGISTRAR'S SIGNATURE Thos. Merritt	25. FUNERAL DIRECTOR'S SIGNATURE K.B. YENNS, YENNS & SONS	ADDRESS Wellsville, Mo
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(Licensed Embellisher's Statement on Reverse Side)

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

No. 300
10.48

