

3. No. 300
V. 10.48

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

C. F. Young, 11293
State File No.

108000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6230 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-METZ TWP</u>		c. LENGTH OF STAY (in this place) <u>81 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-METZ TOWNSHIP</u>		108
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1 MILE WEST OF METZ MO</u>			d. STREET ADDRESS (If rural, give location) <u>1 MILE WEST OF METZ MO</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E.</u> c. (Last) <u>HUDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-31-1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT.-25-1861</u>	9. AGE (In years last birthday) <u>87</u> Months <u>6</u> Days <u>6</u>	10. F UNDER 14. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BENJAMINE TOWN ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>GIFFORD HUDSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SPRAGUE</u>		14. NAME OF HUSBAND OR WIFE <u>VESTA HUDSON</u>	
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'S SIGNATURE OR NAME ADDRESS <u>Wm. Hudson - Metz Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angrene of left foot</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacteria, Deleparis, Chronic Nephritis</u> <u>Chronic myocardial degeneration</u> DUE TO (c) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 <u>March 22, 1949</u> to <u>March 31, 1949</u> that I last saw the deceased alive on <u>March 24, 1949</u> and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. F. Young M.D.</u>		23b. ADDRESS <u>Fast Sett Kan 4/2/49</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRYOR CREEK</u>		24d. LOCATION (City, town, of county) (State) <u>VERNON COUNTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>April 5-49</u>	REGISTRAR'S SIGNATURE <u>Walter Vance</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Service Rich Hill MO</u>	ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 3-49-363

Date Filed 4-11-41

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.

Signed.....

Robert E. Steinbeck

Signed.....

Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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 this body is not embalmed, fact should be so stated above.