

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13116

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Maxion</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Maxion</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>718 Grand Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>718 Grand Ave</u>				d. STREET ADDRESS (If rural, give location) <u>718 Grand Ave</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Maxion</u>		b. (Middle) <u>F.</u>		c. (Last) <u>MUDD</u>		6. COLOR OR RACE <u>White</u>	
(Type or Print)						7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
						8. DATE OF BIRTH <u>January 30, 1884</u>	
						9. AGE (In years last birthday) <u>65</u>	
						10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	
						10b. KIND OF BUSINESS OR INDUSTRY <u>Ice</u>	
						11. BIRTHPLACE (State or foreign country) <u>Morroe Co. MO</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James H. Mudd</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Jewell</u>			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Alice Mudd</u>	
(If yes, give war or dates of service)						ADDRESS <u>718 Grand Ave Hannibal MO</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>Brief</u>			
				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		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)		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>Apr. 15, 1949</u> , to <u>Apr 15, 1949</u> , that I last saw the deceased alive on <u>Apr 15, 1949</u> , and that death occurred at <u>8:58 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. B. Blue M.D.</u>			23b. ADDRESS <u>Hannibal MO</u>			23c. DATE SIGNED <u>4-20-49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Indian Creek, Morroe MO</u>	
DATE REC'D BY LOCAL REG. <u>4-20-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNDAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Hannibal MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

George W. Magee Jr. Student Embalmer No. 298

working under my personal supervision.

Signed George W. Magee Jr.
Student Embalmer

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.