

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14685

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4847		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City,			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Esther		a. (First)		b. (Middle) L.		c. (Last) Hudson	
4. DATE OF DEATH		(Month) 4		(Day) 10		(Year) 1949	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 9 - 26 - 1858	
9. AGE (in years last birthday) 90		10. IF UNDER 1 YEAR Months 6 Days 14		11. IF UNDER 1 Hrs. Hours Min. 			
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) Utica, New York	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Edmund Loughlin				13b. MOTHER'S MAIDEN NAME Almeda Brooks		14. NAME OF HUSBAND OR WIFE Othniel B. Hudson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Locke, Grant City, Mo.	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral insufficiency of heart INTERVAL BETWEEN ONSET AND DEATH 5 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Sensitivity 410X			
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) (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 June 10, 1948 , to 4-10, 1949 , that I last saw the deceased alive on 4-10, 1949 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Ross M.D. (Degree or title)				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 4-11-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-12-1949		24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Mo.	
DATE REC'D BY LOCAL REG. 4-14-49		REGISTRAR'S SIGNATURE Keta E. Dawson		345 25. FUNERAL DIRECTOR'S SIGNATURE John C. Dunfee		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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
Student Embalmer

Signed Arch C. Dangle

Licensed Embalmer No. 3252

P. O. Address Grant city, 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.