

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15062**BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **186**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Franklin	
c. LENGTH OF STAY (In this place) 5 months		d. STREET ADDRESS (If rural, give location) -	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 12			

3. NAME OF DECEASED a. (First) Neta		b. (Middle)		c. (Last) Hudson		4. DATE OF DEATH (Month) (Day) (Year) May 23 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Sept 26 1892	
9. AGE (In years last birthday) 56		10. MONTHS 7		11. BIRTHPLACE (State or foreign country) Howard Co Mo		12. CITIZEN OF WHAT COUNTRY? American	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Stor O Shippo		13b. MOTHER'S MAIDEN NAME Effie Rivett		14. NAME OF HUSBAND OR WIFE divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME State Hospital w/ Fulton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH	
		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.		491X	

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) (m.)		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 **April 27**, 1949, to **May 23**, 1949, that I last saw the deceased alive on **May 23**, 1949, and that death occurred at **3:25 P** m., from the causes and on the date stated above.

23a. SIGNATURE R. P. Rice		(Degree or title) D. M. D.		23b. ADDRESS State Hospital Fulton Mo		23c. DATE SIGNED 5-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/23/49		24c. NAME OF CEMETERY OR CREMATORY Boonesboro Cemetery		24d. LOCATION (City, town, or county) (State) Boonesboro, Mo.	

DATE REC'D BY LOCAL REG May 23-1949		REGISTRAR'S SIGNATURE Maretta Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Joseph A Carr		ADDRESS Layette Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

REGIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

Date Filed JUN 1 1949
District File Number

District Health Officer No. 9,

RECEIVED

JUN 8 1949

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

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address

Jayette Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.