

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 19 1949 STANDARD CERTIFICATE OF DEATH

State File No. 36536

BIRTH NO. _____ REG. DIST. NO. ~~1175~~ ⁴⁹ PRIMARY REG. DIST. NO. 5175 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <i>Camden Russell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Macks Creek</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Macks Creek, MO</i>	
c. LENGTH OF STAY (in this place) <i>1 1/2 years</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walden Hotel		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <i>Medred</i> b. (Middle) <i>Barnes</i> c. (Last) <i>Hudson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 29-1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>whx</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>married</i>	8. DATE OF BIRTH <i>Feb 18-1894</i>
9. AGE (In years last birthday) <i>55</i>		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Polioptia, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		13b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>James Barnes</i>		13. MOTHER'S MAIDEN NAME <i>Laura Bush</i>	
13. NAME OF HUSBAND OR WIFE <i>Robert Hudson</i>		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, no. or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Robert Hudson</i> ADDRESS <i>as above</i>	
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) <i>acute myocardial failure</i> DUE TO (b) <i>Coronary occlusion</i> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-27</i> , 19 <i>49</i> , to <i>10-29</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>10-29</i> , 19 <i>49</i> , and that death occurred at <i>9:50A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>A. Dale Atterberry D.O.</i>		23b. ADDRESS <i>Camden, MO</i>	
23c. DATE SIGNED <i>11-7-49</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>R burial</i>		24b. DATE <i>Nov 1-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Rock</i>		24d. LOCATION (City, town, or county) (State) <i>Camden MO</i>	
DATE REC'D BY LOCAL REG. <i>11-8-49</i>		REGISTRAR'S SIGNATURE <i>E. J. Myers M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Banksen-Obolery</i>		ADDRESS <i>Camden, MO</i>	

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1371

Date Filed 11-18-29

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.