

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37722

44

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5587 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper		c. LENGTH OF STAY (in this place) 2 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Northfork		6
d. FULL NAME OF HOSPITAL OR INSTITUTION Rogers Rest Home			d. STREET ADDRESS (If rural, give location) Northwest of Jasper 7		
3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP P. b. (Middle) BUDD c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12-24-1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William P. Budd		13b. MOTHER'S MAIDEN NAME Mary Ann Budd		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Beat Luller Jasper, Mo. ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Neurosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days
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) Jasper	(COUNTY) Jasper	(STATE) Mo.
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 Nov 2, 1949, to Nov 6, 1949 that I last saw the deceased alive on Nov 5, 1949 and that death occurred at 11 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D.R. Gueldner M.D.			23b. ADDRESS L.A.M.T.R.		23c. DATE SIGNED Nov. 8, 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-49	24c. NAME OF CEMETERY OR CREMATORY Water Cemetery		24d. LOCATION (City, town, or county) Jasper	(State) Mo.
DATE REC'D BY LOCAL REG. 11/8/49	REGISTRAR'S SIGNATURE L.B. Clinton		139	25. FUNERAL DIRECTOR'S SIGNATURE J. H. ... ADDRESS	

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

RECEIVED 11-14-49
Jasper County Health Office

County File Number 49-11-876

Date Filed 11-18-49

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, ~~only~~.....

Glen A. Gibbons

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Glen A. Gibbons

Licensed Embalmer No. 4624

P. O. Address Jasper 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.