

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **43364**

FILED DEC 22 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>025</u>		PRIMARY REG. DIST. NO. <u>6024</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COATSVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COATSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>CLARENCE</u> c. (Last) <u>JUDD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 11, 1949</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 26, 1868</u>		
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>8</u>		10. DAYS <u>8</u>		10. HOURS <u>8</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POST MASTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ABNER JUDD</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA WATT</u>			14. NAME OF HUSBAND OR WIFE <u>Laura M Judd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jim Judd Lancaster, Mo</u> ADDRESS <u>4201</u>				
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.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						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. <u>Arterio-sclerosis</u>						<u>4201</u>		
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>Dec</u> , 19 <u>48</u> , to <u>Dec 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>49</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R.E. Vaughn D.O.</u> (Degree or title)				23b. ADDRESS <u>Lancaster, Mo</u>		23c. DATE SIGNED <u>12/13/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 14, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wasi. M. Cemetery, LANCASTER, MO</u>		24d. LOCATION (City, town, or county) (State) <u>LANCASTER, MO</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 14-49</u>		REGISTRAR'S SIGNATURE <u>W. J. Drake, Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett R. Head</u> ADDRESS <u>Lancaster Mo</u>				

JAN 17 1950

RECEIVED DEC 20 1949  
District Health Officer No. 10  
District File Number 13-49-21  
Date Filed DEC 20 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.

Student \_\_\_\_\_  
Student Embalmer

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.