

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **438**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5171** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ROUAL ST. AUBERT</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL ST. AUBERT</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1 MOKANE, MO. 9 MILES EAST FULTON, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route I MOKANE, MO.</b>			

3. NAME OF DECEASED a. (First) <b>ALLEN</b>	b. (Middle) <b>CALVIN</b>	c. (Last) <b>HUDGENS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 22 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV 16 1880</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>6</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Hudgens</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Cook</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Hudgens</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MA5 Calvin Hudgens</b>	ADDRESS <b>Route 1, Mokane, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>cardio-vascular Hypertension</b>		
	DUE TO (b) <b>arterio sclerosis of Nephritis</b>		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-17**, 19**50**, to **1-22**, 19**50**, that I last saw the deceased alive on **1-19**, 19**50**, and that death occurred at **4:50 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. D. Payne M.D.</b>	(Degree or title)	23b. ADDRESS <b>Rt 6 Fulton Mo.</b>	23c. DATE SIGNED <b>1-23-1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>JAN 23 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOKANE</b>	24d. LOCATION (City, town, or county) (State) <b>MOKANE MO.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 24-1950</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	<b>426</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>maupin</b>	ADDRESS <b>Funeral Home, Fulton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0140

MAR 27 1950

District File Number

District Health Officer No. 9

RECEIVED JAN 30 1950

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.