

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1648

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 276 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pierce township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pierce Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION: one mile north Pierce City		d. STREET ADDRESS (If rural, give location) one mile north Pierce City	

3. NAME OF DECEASED (Type or Print) Edith Estella Hudson	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 1950
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 23, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Days 9	IF UNDER 1 YEAR Hours 20	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Des Moines Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE George Hudson
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Ridpath	ADDRESS Pierce City
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 410X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bad Arteriosclerosis 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 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) (m.)	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 **Sept 29, 1949** to **Jan 18, 1950**, that I last saw the deceased alive on **Jan 11, 1950**, and that death occurred at **9:07 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Moore D.O.	23b. ADDRESS Pierce City Mo.	23c. DATE SIGNED 1-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 14, 1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Lincoln Neb.
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DATE REC'D BY LOCAL REG. Jan 14-50	REGISTRAR'S SIGNATURE John P. Davis	FUNERAL DIRECTOR'S SIGNATURE Wilbur Bras	ADDRESS Pierce City Mo.
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WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED JAN 30 1950

District Health Office No. 6,

District File Number 150-140

Date Filed 1-30-50

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

Edwin J. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Edwin J. Wilks

Licensed Embalmer No. 41314

P. O. Address June City 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.