S. No. 300
v. 10-48

FILED JUN 26 1950

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

19521

State File No. 19521

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4062 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cowgill
c. LENGTH OF STAY (In this place): 16 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton twp Rural
d. STREET ADDRESS (If rural, give location): 2 Mi So of Hamilton Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Loula b. (Middle) Belle c. (Last) Luddington
4. DATE OF DEATH (Month) (Day) (Year): May 17 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 1st 1883
9. AGE (In years last birthday): 66 Months 9 Days 16 Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (State or foreign country): Caldwell Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: David Hill
13b. MOTHER'S MAIDEN NAME: Louisa Estes
14. NAME OF HUSBAND OR WIFE: James Hiram Luddington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Nellie M. McPheters Cowgill ADDRESS: Mo.

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) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senile Dementia — 8 mo
DUE TO (c) Arteriosclerosis — Several years

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 1950, *to* May 17, 1950, *that I last saw the deceased alive on* May 16, 1950, *and that death occurred at* 7:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Wilbur MD
23b. ADDRESS: Polo Mo
23c. DATE SIGNED: May 20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19 1950
24c. NAME OF CEMETERY OR CREMATORY: Cowgill Cem.
24d. LOCATION (City, town, or county) (State): Cowgill Mo

DATE REC'D BY LOCAL REG.: 6-7-50
REGISTRAR'S SIGNATURE: Mrs. Nell Bowen 3/3
25. FUNERAL DIRECTOR'S SIGNATURE: Brown Funeral Home ADDRESS: Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1950

RECEIVED
JUN 12 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

## 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.

Signed R. A. Brand

Licensed Embalmer No. 3052

P. O. Address Hamilton, Mo.

Signed .....
Student Embalmer

**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.