

S. No. 300
V. 10.48

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27502

0610
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5723 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>College Mound</u>		c. LENGTH OF STAY (in this place) <u>CHARITON</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>College Mound</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mandy</u> b. (Middle) <u>Leola</u> c. (Last) <u>Hudson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 19, 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christopher Dowell</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Dowell</u>		14. NAME OF HUSBAND OR WIFE <u>Elmo Hudson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Dowell; College Mound, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyelonephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9-19-49</u> <u>9-19-49</u> <u>unknown</u> <u>unknown</u> <u>6 weeks</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>931X</u>				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) (Min)	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>9-17</u> , 19 <u>46</u> to <u>9-4</u> , 19 <u>50</u> that I last saw the deceased alive on <u>9-4</u> , 19 <u>50</u> , and that death occurred at <u>3:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>9-8-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/6/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College Mound</u>	24d. LOCATION (City, town, or county) (State) <u>College Mound, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-9-50</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B Patton</u>	ADDRESS <u>Huntsville Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9.11.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.50.178
Date Filed 9.12.50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.