

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29561

State File No.

BIRTH NO.		REG. DIST. NO. <u>48</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>0910</u> <u>Rural Currentview Township</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles South of Purman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>Ryburn</u> c. (Last) <u>Hudson</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>	
8. DATE OF BIRTH <u>March 6, 1944</u>		9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR <u>6</u> Months <u>7</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Marcella Russell</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary R. Hudson</u> ADDRESS <u>Purman, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute nephritis</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*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></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>measles</u></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
				6 weeks			
				<u>0850</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 13, 1950</u> to <u>Sept 13, 1950</u> ; that I last saw the deceased alive on <u>Sept 13, 1950</u> and that death occurred at <u>12:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>W. L. Brandon</u>				23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>Sept 15, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co. Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u>		ADDRESS <u>Naylor, Mo.</u>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Susan McCord

Signed
Student Embalmer

Licensed Embalmer No. 4079

P. O. Address Naylor 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.