

No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31251

State File No.

210
OCT 10 1950

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Hardin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hayti Road</u>	c. LENGTH OF STAY (In this place) <u>3 wks</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Somerset</u> <u>8410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>W. D.</u> b. (Middle) <u>Hudgens</u> c. (Last) <u>Hudgens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-24-1872</u>
9. AGE (In years last birthday) <u>77</u> 11 <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Hayti Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Hudgens</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary H. Jerry</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Hudgens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harriet Hudgens Steele Mo</u>		ADDRESS <u>Steele Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) _____			<u>4222</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia (Nutritional)</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	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>15 Aug, 1950</u> , to <u>15 Sept, 1950</u> , that I last saw the deceased alive on <u>15 Sept, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. L. Taylor, M.D., U</u>		23b. ADDRESS <u>Steele, Mo</u>	23c. DATE SIGNED <u>30 Sept 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
DATE REC'D BY LOCAL REG. <u>10-5-50</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>German</u>	ADDRESS <u>Steele Mo</u>

10-50-269

OCT 11 1950

S. B. Beecher, M. D.,
Pemisco County Health Department,
Warthensville, Missouri

OCT 9 REC'D

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 John W German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.