

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1624

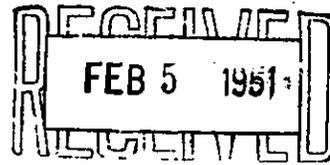
State File No.

0510

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

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR Knob Noster</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR Knob Noster</u>	
c. LENGTH OF STAY (Specify place) <u>Life</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Linda</u>		b. (Middle) <u>Diane</u>	
		c. (Last) <u>Judd</u>	
		4. DATE OF DEATH <u>Jan. 31, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 30, 1950</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles H. Judd</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Burton</u>	
14. NAME OF HUSBAND OR WIFE		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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles Judd, Knob Noster</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Baby sleeping on stomach nose & mouth filled with thick mucus.</u>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster Johnson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Jan 31, 1951</u> , to <u>Feb 3, 1951</u> , that I last saw the deceased alive on <u>Jan 31, 1951</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. W. Brown</u>		23b. ADDRESS <u>Knob Noster, Mo.</u>	
		23c. DATE SIGNED <u>Feb 3, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 1, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker, Knob Noster, Mo.</u>	



JOHNSON COUNTY HEALTH DEPT.

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 *W. Raymond Baker*

Signed.....
Student Embalmer

Licensed Embalmer No. *4616*

P. O. Address.....

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.