

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3864**
Registrar's No. **235**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) 1013 S. 14th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1013 S. 14th St.			

3. NAME OF DECEASED (Type or Print) Larry Henry Judy			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 17, 1896		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock handler		10b. KIND OF BUSINESS OR INDUSTRY Stationery Co.	11. BIRTHPLACE (State or foreign country) Mound City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin F. Judy	13b. MOTHER'S MAIDEN NAME Flora E. Walker	14. NAME OF HUSBAND OR WIFE Betty Judy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NUMBER unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Larry Judy	ADDRESS 1013 S. 14th, St. Joseph, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by hanging		DUPLICATE OF (b) _____		E 974K
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Man hanged himself while alone in home. about twelve hours before		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION The body was found		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 28, 1951 7 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Clothline rope around neck
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22. I hereby certify that I attended the deceased from **viewed on 2/28, 1951**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **T.A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 2/28/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/2/51	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Holt County Missouri

DATE REC'D BY LOCAL REG. Mar 3, 1951	REGISTRAR'S SIGNATURE Carl E. Casler	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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 W. E. [Signature]

Licensed Embalmer No. 4791

P. O. Address 319501051 [Signature]

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.