

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5522

0750

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

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5872</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Oregon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rover</u> c. LENGTH OF STAY (in this place) <u>40 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rover</u> d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>R.</u> c. (Last) <u>JUDD</u>			4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>28,</u> (Year) <u>1951</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>April 7, 1867</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u> IF UNDER 12 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Heamon Judd</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Hewitt</u>			14. NAME OF HUSBAND OR WIFE <u>Cora Judd</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Judd</u>			ADDRESS <u>Rover, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Incompetence</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Passive Hypertension</u> DUE TO (c) <u>of the lungs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 H</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) <u>Rover</u> (COUNTY) <u>Oregon</u> (STATE) <u>Mo.</u>					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		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>1-14</u> , 19 <u>51</u> , to <u>1-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. W. Carhart</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Rover, Mo.</u>		23c. DATE SIGNED <u>1-31-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Redburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rover, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-13-51</u>		REGISTRAR'S SIGNATURE <u>Ella Crass</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Carter</u>		ADDRESS <u>Thayer, Mo.</u>			

RECEIVED

FEB 17 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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..... *Richard Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *45-16*

P. O. Address *Sharon, 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.