

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15606

State File No.

BIRTH NO. 203 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>308 Highview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 0 - Missouri Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>DEAN</u> c. (Last) <u>DUDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Aug. 31, 1936</u>		9. AGE (In years last birthday) <u>14</u>		10. IF UNDER 1 YEAR <u>8</u> Months <u>27</u> Days	
11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jefferson Jr. High School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME <u>Harold A. Dudley</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Gentry</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold A. Dudley, Columbia, 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, athenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>predator</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>skull fracture</u>		"	
		DUE TO (c) <u>auto accident</u>		" <u>11:45</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		" <u>6:00</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SURVIVE <u>HOMICIDE</u> (Specify) <u>acc. det.</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Route 0, Boone Co</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Huntsdale Boone Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 28, 1951, 7:15 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car overturned</u>	

22. I hereby certify that I attended the deceased from 11:45 a.m., 1951, to 6:00 p.m., 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry M. Griffith, M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>5-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>May 31 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> <u>31</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parmer Funeral Service</u> ADDRESS <u>Columbia, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-5-51 _____

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.

Signed Joseph W. Phillips
Student Embalmer

Student Embalmer No. 429

Signed Tom McHard

Licensed Embalmer No. 2067

P. O. Address Columbus, Me

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.