

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19340**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5076** Registrar's No. **38**

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1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural. Clark Twsp.</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural. Clark Twsp.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Harry Tudor</b>			4. DATE OF DEATH <b>6/6/1951</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/1/1905</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (State or foreign country) <b>Atchison, County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Am</b>

13a. FATHER'S NAME <b>Charles Tudor</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Miner</b>		14. NAME OF HUSBAND OR WIFE <b>Helen. Tudor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Fern Simmons, Fairfax, Mo.</b> ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <b>Crushed underneath tractor</b>			
		DUE TO (c) <b>when it accidentally turned over on him.</b>			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>89121</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>003 3</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE. (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural Clark Township</b>			
21d. TIME OF INJURY <b>6/6/1951-6 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tractor turned over on him.</b>			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, 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 <b>Blues Peters 3</b> (Degree or title) <b>Coroner Fairfax Mo</b>		23b. ADDRESS <b>Rock Port, Mo.</b>		23c. DATE SIGNED <b>6/6/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/9/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hunter Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rock Port, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>June 19, 1951</b>	REGISTRAR'S SIGNATURE <b>Marvin H. Schuler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bartholomew Mortuary, Rockport.</b> ADDRESS			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.....

*Geitz Bartholomew*  
Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.