

FILED JUL 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20524

BIRTH NO. REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 204 Registrar's No. 312

1. PLACE OF DEATH  
a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) Joplin  
c. LENGTH OF STAY (In this place) 60 days

c. CITY (If outside corporate limits, write RURAL and give township) Joplin  
OR TOWN 0495

d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL

d. STREET ADDRESS (If rural, give location) 3017 MOFFETT

3. NAME OF DECEASED  
a. (First) ROSE b. (Middle) FEARL c. (Last) HUDSON

4. DATE OF DEATH (Month) (Day) (Year) 7-1-51

5. SEX FEMALE

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 7/12/1896

9. AGE (In years last birthday) 54  
IF UNDER 1 YEAR Months Days  
IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSING

10b. KIND OF BUSINESS OR INDUSTRY NURSE

11. BIRTHPLACE (State or foreign country) SCOTT CO VA.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HADISON BENTON

13b. MOTHER'S MAIDEN NAME LAURA DUNCAN

14. NAME OF HUSBAND OR WIFE J. R. HUDSON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
J. R. Hudson

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) Ca of heart & circulatory system  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 170X

20. AUTOPSY? YES  NO

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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE G. A. Schulte, M. D.

23b. ADDRESS 421 Frisco Bldg., Joplin, Mo

23c. DATE SIGNED 7/2/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 7/3/1951

24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM.

24d. LOCATION (City, town, or county) (State) JOPLIN MO

DATE REC'D BY LOCAL REG. 7-5-51

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
GURLBUT GLOVER MONTGOMERY  
422 591

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

1950

write

RECEIVED 2-9-57  
Jasper County Health Office

County File Number 51/7/548  
Date Filed 2-9-51

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 \_\_\_\_\_

ROBERT F. BOYER

working under my personal supervision.

Student Embalmer No. 430

Robert F. Boyer  
Student Embalmer

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.