

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22541**

BIRTH NO. **7-24-51** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **54**

0290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Lockwood, Mo		c. CITY (If outside corporate limits, write RURAL and give township) So. Greenfield R.R. 0550	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) A	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Hudspeth c. (Last) Hudspeth		4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 51	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-10-1881
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 5 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Lawrence Co., Mo.
			12. CITIZEN OF WHAT COUNTRY? native

13a. FATHER'S NAME G.T. Hudspeth		13b. MOTHER'S MAIDEN NAME Mary Merrick		14. NAME OF HUSBAND OR WIFE Sissie Hudspeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Earl Hudspeth ADDRESS So. Greenfield, Mo.	

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) Cancer of the Prostate				1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X		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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **2-21-** 19 **51**, to **7-19-** 19 **51**, that I last saw the deceased alive on **7-19-** 19 **51**, and that death occurred at **3.45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Max Heilbrunn M.D. (Degree or title)		23b. ADDRESS Lockwood, Mo		23c. DATE SIGNED 7-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-22-1951		24c. NAME OF CEMETERY OR CREMATORY Pennsboro	
				24d. LOCATION (City, town, or county) (State) N. of Miller Mo.	

DATE REC'D BY LOCAL REG. 7-24-51		REGISTRAR'S SIGNATURE Geo L. Weir		25. FUNERAL DIRECTOR'S SIGNATURE Monica Simon Miller ADDRESS Mo.	
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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUL 31 1918
Dist. File 821-1918
Date Filed 8-1-18

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 L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address. Miller 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.