

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

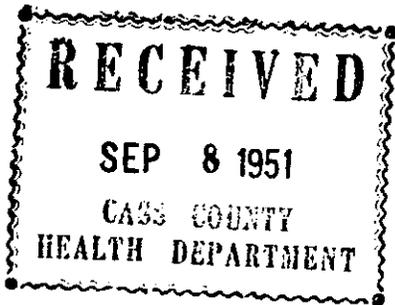
State File No. **26390**

FILED SEP 11 1951

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4094		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY Cass 0190				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Garden City		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Garden City 0190		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION In home							
3. NAME OF DECEASED (Type or Print) a. (First) Advaia b. (Middle) Paul c. (Last) Mudd			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME William R. Mudd			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Minnie Bell Mudd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Bell Mudd Garden City, Mo			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous cerebral hemorrhage 2 yrs DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH One hour	
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) (COUNTY) (STATE) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 18 Jan 1957 , to 6 Sept, 1957 , that I last saw the deceased alive on 31 Aug, 1957 , and that death occurred at 12:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leoburn Ellis, M.D.			23b. ADDRESS Garden City, Mo			23c. DATE SIGNED 9-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8 1951		24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery		24d. LOCATION (City, town, or county) (State) Garden City, Missouri	
25. REC'D BY LOCAL REG. 9/8/51		REGISTRAR'S SIGNATURE Dora Barward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Bros. Garden City, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Wiley J. Moring*

Licensed Embalmer No. *4685*

P. O. Address *London City, Md.*

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.