

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 112

7782
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Demassett</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Demassett</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Canthussville</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Canthussville</u> <u>0782</u>	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location) <u>201 East 12th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 East 12th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MONROE</u> c. (Last) <u>HUDGINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 3-1900</u>	9. AGE (In years last birthday) <u>51</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or years if retired) <u>Shoe factory employee</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Demassett Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hughes Hudgins</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Knott</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, show service) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Johnnie Ann Canthussville</u>	ADDRESS <u>Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - this person died without med attention</u>		
	ANTECEDENT CAUSES <u>Morbid conditions of long standing without med attention</u>		
	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 <u>7955</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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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 <u>James A. Osburn</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>12-27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Canthussville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-4-1952</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Wilko</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge</u>	ADDRESS <u>Canthussville, Mo.</u>
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1-52-12

Rec. JAN 8 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

CHARLES E. MUNGIA Student Embalmer No. 423

working under my personal supervision.

Student Charles E. Mungia
Student Embalmer

Signed Noel C. Sean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, 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.