

STANDARD CERTIFICATE OF DEATH

15834

State File No.

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 79

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| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland</u> | |
| c. LENGTH OF STAY (in this place) <u>8 days</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Memorial Hospital</u> | | | |

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|-------------------------------------|---------------------------|------------------------|-------------------------|--------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>RICHARD</u> | b. (Middle) <u>LEE</u> | c. (Last) <u>HUDSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May - 19 - 1952</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>Widowed 2</u> | 8. DATE OF BIRTH <u>Dec. - 1870</u> | 9. AGE (In years last birthday) <u>81</u> | UNDER 1 YEAR Months Days | 1 YEAR OR OVER Hours Min. |
|--------------------|-------------------------------|-------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-------------------------------|--------------------------------|

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|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Edina Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|--------------------------------------------|

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|---------------------------------------|---------------------------------------------|-------------------------------------------------|
| 13a. FATHER'S NAME <u>Wash Hudson</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Black</u> | 14. NAME OF HUSBAND OR WIFE <u>Alice Hudson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Carl Lavelock</u> ADDRESS <u>Peculiar Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral decompression</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Not Know</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urremial</u> DUE TO (c) <u>Senility</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 5-3-, 1952, to 5-19-, 1952; that I last saw the deceased alive on 5-19-, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

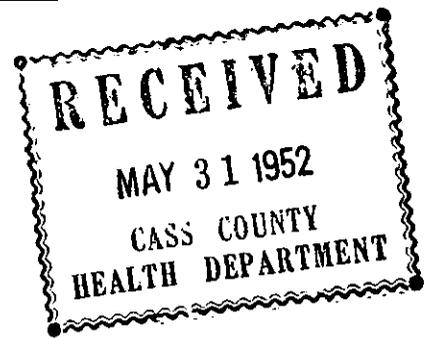
| | | |
|---------------------------------------------------------|----------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Edward S. Jones</u> (Degree or title) | 23b. ADDRESS <u>Harrisonville, Mo.</u> | 23c. DATE SIGNED <u>5-22-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 22 - 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>West Union Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>4 mi. North East Cleveland, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>May 25, 1952</u> | REGISTRAR'S SIGNATURE <u>Dora Barnard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u> ADDRESS <u>Cleveland Mo.</u> |
|----------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

01910



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

Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.