

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17077**
 BIRTH NO. **20227** REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (In this place) 2 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plad		0530
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wallace Hospital			d. STREET ADDRESS (If rural, give location) Plad Route		
3. NAME OF DECEASED a. (First) Donald Gene (Type or Print)			b. (Middle) Gene	c. (Last) Fudge	4. DATE OF DEATH (Month) (Day) (Year) May 20 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (C)	8. DATE OF BIRTH May 18 1952	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lebanon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clifford Fudge		13b. MOTHER'S MAIDEN NAME Marilyn Kay		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Frank Fudge Plad, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis 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. wt 2' 15"		INTERVAL BETWEEN ONSET AND DEATH Birth
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7625	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) (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 May, 1952 to 20 May, 1952 that I last saw the deceased alive on 20 May, 1952 and that death occurred at 11:50 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Hella Jenkins MD			23b. ADDRESS Lebanon Mo		23c. DATE SIGNED 26 May 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5 22 1952	24c. NAME OF CEMETERY OR CREMATORY Plad Cemetery	24d. LOCATION (City, town, or county) (State) Plad Missouri		
DATE REC'D BY LOCAL REG. 5-26-1952	REGISTRAR'S SIGNATURE Hella L. Ray MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmers Lebanon Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

532
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received MAY 31 1952
Laclade County Health Unit
File No. 5-52-67
Date Filed JUN 3 1952

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Mat Embalmed
J.P. Palmer

Student Embalmer No.....
Signed.....

Licensed Embalmer No. 4010

P. O. Address Lebanon, 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.