

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19474**

**FILED** JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 687

0117  
2

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

|  |   |   |                           |
|--|---|---|---------------------------|
| <b>1. PLACE OF DEATH</b>   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). |                           |
| a. COUNTY <u>Buchanan</u>  | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> | a. STATE <u>Missouri</u>  | b. COUNTY <u>Harrison</u> |
| c. LENGTH OF STAY (in this place) <u>34.67m 25h</u>                |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>   | <u>0410</u>               |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u> |   | d. STREET ADDRESS (If rural, give location) <u>Rural County Home</u>                          |                           |

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <b>3. NAME OF DECEASED</b> (Type or Print)   |   |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)                   |   |   |
| a. (First) <u>Montgomery</u>   | b. (Middle) <u>Maune</u>  | c. (Last) <u>Hudson</u>  | <u>July 1 - 52</u>   |   |   |
| <b>5. SEX</b> <u>male</u>  | <b>6. COLOR OR RACE</b> <u>white</u>  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>divorced</u> <u>3</u> | <b>8. DATE OF BIRTH</b> <u>not given</u>                       | <b>9. AGE</b> (In years last birthday) <u>80</u>                          | <b>10. UNDER 1 YEAR</b> <u>11</u> <b>MONTHS</b> <u>6</u> <b>DAYS</b> <u>6</u> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>laborer</u>                              |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>   |  | <b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u> <u>0</u> |   |
| <b>13a. FATHER'S NAME</b> <u>Phillip Hudson</u>  |   |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Frances Carolina Smith</u> |   | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Ida Hudson</u>                          |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>                      |   | <b>16. SOCIAL SECURITY NO.</b> <u>none</u>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Harrison County Court</u>     |   |
| <b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  |   | <b>MEDICAL CERTIFICATION</b>   |  |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b>                                       |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo carditis</u>   |   | DUE TO (b) <u>Arterio Sclerosis + my perleserion</u>                                   |  |   |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |   | DUE TO (c) <u>Senile Psychosis</u>   |  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS <u>Senile Psychosis</u>   |   |  |  |   |   |
| <b>19a. DATE OF OPERATION</b>  |   | <b>19b. MAJOR FINDINGS OF OPERATION</b> <u>443X</u>                                    |  |   | <b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                 |  |   |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)   | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>  |  |   |   |

**22. I hereby certify that I attended the deceased from** June 15, 1952, to July 1, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| <b>23a. SIGNATURE</b> (Degree or title) <u>Jarress Thomas MD</u>          | <b>23b. ADDRESS</b> <u>St Joseph MO of State Hosp. No 2</u> | <b>23c. DATE SIGNED</b> <u>7/1-52</u>                      |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>           | <b>24b. DATE</b> <u>4 July 3-52</u>                         | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>King City</u> |
| <b>24d. LOCATION</b> (City, town, or county) (State) <u>King City, MO</u> |   |  |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b> <u>July 2, 1952</u> | <b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Casper</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Roland D. Clark</u> | <b>ADDRESS</b> <u>King City</u> |
|---|--|--|---------------------------------|

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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.

Signed.....

*Roland D Clark*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4477*

P. O. Address.....

*King City, 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.