

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20256

State File No. ....

FILED JUN 23 1952

REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 25

420

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEEPWATER, MO.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEEPWATER 0420</u>  |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>   |  |   |  |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>JAMES</u> b. (Middle) <u>Richard</u> c. (Last) <u>FUDGE</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JUNE 17-1952</u> |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u> |  |
| 8. DATE OF BIRTH <u>Feb 2-1876</u>   |  | 9. AGE (In years last birthday) <u>76</u>         |  | 10. IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>                    |  |
| 11. BIRTHPLACE (State or foreign country) <u>Henry Co. Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>        |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>             |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u> |  |   |  |
| 13a. FATHER'S NAME <u>Adam J. Fudge</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wood</u>   |  | 14. NAME OF HUSBAND OR WIFE   |  |

|  |  |                                    |  |  |  |
|--|--|------------------------------------|--|--|--|
| 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>No.</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Walters, Brownington, Mo</u> |  |
|--|--|------------------------------------|--|--|--|

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|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 weeks</u><br><br><u>about one year</u><br><br><u>2 1/2 wks.</u> |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Prostatic hypertrophy</u>               |  |  |  |
|   |  | DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral encephalitis</u> |  |  |  |

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|--|--|--|--|---|--|--|
| 19a. DATE OF OPERATION <u>May 1952</u>             |  | 19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy 6/10 X</u>                            |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |  |
| 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?                      |  |  |

22. I hereby certify that I attended the deceased from 1947, to June 12, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 12:58 a.m., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE <u>S. B. Hughes</u> (Degree or title) <u>M.D.</u>   |  | 23b. ADDRESS <u>Clinton Mo.</u>                            |  | 23c. DATE SIGNED <u>6/17/52</u>                          |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried June 19-52</u> |  | 24b. DATE <u>June 19-52</u>                                |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cem.</u> |  |
|  |  | 24d. LOCATION (City, town, or county) <u>Henry Co. Mo.</u> |  | (State) <u>Mo.</u>                                       |  |

|  |  |   |  |      |  |   |  |
|--|--|---|--|------|--|---|--|
| DATE REC'D BY LOCAL REG. <u>June 19-52</u> |  | REGISTRAR'S SIGNATURE <u>Florence Adair Tom</u> |  | 43.2 |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom Hurst, Deepwater, Mo.</u> |  |
|--|--|---|--|------|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

1991 F. I. AON

**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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.