

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24819

State File No. _____

0495
AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 9 hrs		d. STREET ADDRESS (If rural, give location) 207 Connor Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) _____ c. (Last) HUDSON			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1891	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Cutter		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (City and State or Foreign Country) Parsons, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Jackson Hudson	13b. MOTHER'S MAIDEN NAME Victoria Sharp	14. NAME OF HUSBAND OR WIFE Lula Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 527 07 6095	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Hudson 207 Connor Joplin, 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, asthma, 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: ruptured Aneurysm		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ulcer - (6 da duration)		
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 Autopsy findings (Dr R. Ferguson, Rt John Worp - autopsied)	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	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? 5411

22. I hereby certify that I attended the deceased from July 30, 1952 to July 31, 1952 that I last saw the deceased alive on July 31, 1952 and that death occurred at 5:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE L. Crayton M.D.	(Degree or title)	23b. ADDRESS Joplin Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Gibson and Son Fun Home	24d. LOCATION (City, town, or county) (State) Chanute, Kansas

DATE REC'D BY LOCAL REG. 8-7-52	REGISTRAR'S SIGNATURE G. D. James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Most. Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-8-52
Jasper County Health Office

County File Number 52/8/629
Date Filed 8-9-52

JUN 11 1958

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 W. Huddleston

Licensed Embalmer No. 4770

P. O. Address Opelin, 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.