

STANDARD CERTIFICATE OF DEATH

State File No. **28731**
Registrar's No. **87**

FILED SEP 11 1952

REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725**

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Hudson Rural		c. CITY (If outside corporate limits, write RURAL and give township) Macon Rural 0610	
c. LENGTH OF STAY (In this place) Rural		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) T	c. (Last) HADSON	4. DATE OF DEATH (Month) (Day) (Year) 8-14-52
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-8-75	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Farmer	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Arkmore Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Hudson	13b. MOTHER'S MAIDEN NAME Kate Brady	14. NAME OF HUSBAND OR WIFE Rogene Hudson
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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) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Rogene Hudson	ADDRESS Macon Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Vasculostenosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Urinary tract infection		several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 10, 1951**, to **Aug 13, 1951**, that I last saw the deceased alive on **Aug 13, 1951**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE A. L. Deussen D.O.	(Degree or title)	23b. ADDRESS Macon	23c. DATE SIGNED 8/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-16-52	24c. NAME OF CEMETERY OR CREMATORY St. Salem Cmi	24d. LOCATION (City, town, or county) (State) Excelsior Mo
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DATE REC'D BY LOCAL REG. 9/2/52	REGISTRAR'S SIGNATURE Paul McNeely	185	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Edwards	ADDRESS Bevier Mo
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RECEIVED 9.8.52
MASON COUNTY HEALTH DEPARTMENT
County File No. 9.0-2.138
Date Filed 9.10.52

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Berlin, 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.