S. No. 300
v. 10.48

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

FILED DEC 8 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37515

State File No.

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 423

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim Smith Mem Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville, Mo
d. STREET ADDRESS (If rural, give location): 509 E Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Bernard c. (Last) Ludden
4. DATE OF DEATH (Month) (Day) (Year): Dec. 2 1952
5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Feb. 28 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Mose
11. BIRTHPLACE (State or foreign country): Adair Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Bernard Ludden
13b. MOTHER'S MAIDEN NAME: Anna Kilday
14. NAME OF HUSBAND OR WIFE: Mrs Iris Clark Ludden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Iris Ludden — ADDRESS: 509 E Jefferson Kirksville Mo

**MEDICAL CERTIFICATION**

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* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myasthenia gravis — 10 yrs.
DUE TO (c) P.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Fracture neck of rt femur — 3 da.
Peptic ulcer — 10 yrs.

19a. DATE OF OPERATION: 12-2-52
19b. MAJOR FINDINGS OF OPERATION: Fracture neck of rt femur. 124
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kirksville Adair Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 29 1951 10:00 A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Pt fell in mg. E9030 20

22. *I hereby certify that I attended the deceased from* 11-28, 1952 *to* 12-2, 1952 *that I last saw the deceased alive on* 12-2, 1952 *and that death occurred at* 12:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clifton T. Euglish (Degree or title) MD
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 12/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4 1952
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill
24d. LOCATION (City, town, or county) (State): Kirksville Mo

DATE REC'D BY LOCAL REG.: 12-4-52
REGISTRAR'S SIGNATURE: Nate Lambert I-O
25. FUNERAL DIRECTOR'S SIGNATURE: Earl E Easley Jr — ADDRESS: Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1953

MAR 30 1953

## 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 Geo B Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.