

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5275

State File No.

FILED MAR 2 - 1953

REG. DIST. NO. 93

PRIMARY REG. DIST. NO. 4153

Registrar's No. 53-27

0290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield Mo. 0290	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Smith twp rt 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			
3. NAME OF DECEASED (Type or Print) Ruby		a. (First) b. (Middle) Ethel c. (Last) Hudspeth	
4. DATE OF DEATH Feb 21 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
5. SEX F		8. DATE OF BIRTH Mar 9, 1904	
6. COLOR OR RACE W		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY farmer	
11. BIRTHPLACE (City and State or Foreign Country) Gravette Ark		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME I. W. Hopkins		13b. MOTHER'S MAIDEN NAME Vina Austin	
14. NAME OF HUSBAND OR WIFE Wm. Earl Hudspeth		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Earl Hudspeth So. Greenfield Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, right breast.			INTERVAL BETWEEN ONSET AND DEATH 5 years
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. 170X			
19a. DATE OF OPERATION 5-12-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 3-8, 1952, to 2-21, 1953, that I last saw the deceased alive on 2-20, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lee G. Mc Neal Jr MD		23b. ADDRESS Greenfield, Mo	
23c. DATE SIGNED 2-24-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE feb 23, 1953	
24c. NAME OF CEMETERY OR CREMATORY Pennsboro		24d. LOCATION (City, town, or county) (State) Dade Co Mo.	
DATE REC'D BY LOCAL REG. 2-26-53		REGISTRAR'S SIGNATURE J. C. Canada 478	
25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison		ADDRESS Greenfield Mo.	

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.R. Allison

Licensed Embalmer No. 4404

P. O. Address Spencerville

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.