S. No. 300
v. 10.48

FILED APR 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10981 State File No.

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 42

10840

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aldrich S.W. Marion
c. LENGTH OF STAY (In this place) 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 Miles East of Aldrich Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk 10840
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aldrich S.W. Marion Twp
d. STREET ADDRESS (If rural, give location) 5 Miles East of Aldrich Mo

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Charles c. (Last) Judd

4. DATE OF DEATH (Month) (Day) (Year) May 26 1953

5. SEX Male

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 23 1871

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 0 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Judd

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mae Elizabeth Judd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia L. Benham Bolivar 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) Carcinoma Bladder — INTERVAL BETWEEN ONSET AND DEATH 2 mo

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 181X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Mch 26, 1953, *that I last saw the deceased alive on* Mch 21, 1953, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. G. McLean MD

23b. ADDRESS Bolivar Mo

23c. DATE SIGNED 3-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Mar 28 53

24c. NAME OF CEMETERY OR CREMATORY Richardson Hill Cemetery

24d. LOCATION (City, town, or county) (State) Dahlgren Ill

DATE REC'D BY LOCAL REG. Mar. 28, 1953

REGISTRAR'S SIGNATURE Ralph Borden per Lowell Borden 258

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Erwin & Blue Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1953

APR 24 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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.