

FILED MAY 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15235

State File No.

BIRTH NO.		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. -</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u>		c. LENGTH OF STAY (in this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James, Mo. 6510</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Federal Soldiers Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>R Hoda</u>			b. (Middle) <u>O.</u>		c. (Last) <u>Dudley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug. 25, 1872</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. - Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam'l Knowl-</u>			13b. MOTHER'S MAIDEN NAME <u>Sam'l Knowl</u>			14. NAME OF HUSBAND OR WIFE <u>Harace Dudley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Soldiers Home Office - St. James, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intertracheal fracture right 10th</u>				INTERVAL BETWEEN ONSET AND DEATH <u>one month</u>	
				ANTECEDENT CAUSES DUE TO (b) <u></u> DUE TO (c) <u></u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility E 9047 45</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>081</u>						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.) <u>Accident Federal Soldiers Home</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>St. James Phelps, Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 3 5:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>					
22. I hereby certify that I attended the deceased from <u>April 3, 1953</u> to <u>May 5, 1953</u> , that I last saw the deceased alive on <u>May 5, 1953</u> and that death occurred at _____ pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. M. D. Butler M.D.</u>				23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>5/8/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-8-1953</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Lieblider</u>		ADDRESS <u>St. James, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Oral E. Licklider

Licensed Embalmer No. *3546*

P. O. Address *37 Gams, MA*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.