

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15326**

BIRTH NO. **FILED MAY 4 1953** REG. DIST. NO. **390** PRIMARY REG. DIST. NO. **4442** Registrar's No. **6**

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| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo Rural Moniteau | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo. Rural Moniteau | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0880 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas | b. (Middle) A | c. (Last) Hudson | 4. DATE OF DEATH (Month) (Day) (Year) April 29 1953 |
|---|----------------------|-------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 12 1874 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Randolph Co. | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME James Hudson | 13b. MOTHER'S MAIDEN NAME Orpha Tucker | 14. NAME OF HUSBAND OR WIFE |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME George Hudson | ADDRESS Higbee 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 day 20 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) (Min.) | 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 **April 27, 1953** to **April 29, 1953**, that I last saw the deceased alive on **April 29, 1953**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE J. J. Palmerison | (Degree or title) D.O. | 23b. ADDRESS Higbee Mo | 23c. DATE SIGNED 5-1-53 |
|---|----------------------------------|----------------------------------|-----------------------------------|

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|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 2 1953 | 24c. NAME OF CEMETERY OR CREMATORY City | 24d. LOCATION (City, town, or county) (State) Higbee Mo |
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|---|--|-----|--|-----------------------------|
| DATE REC'D BY LOCAL REG. 5-1-53 | REGISTRAR'S SIGNATURE J. W. Burton | 452 | 25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home | ADDRESS Higbee Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

880

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. J. Truitt*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.