S. No. 300
Rev. 10.48

FILED JUN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17399

State File No.

BIRTH NO. REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 30/2 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCLEARY CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IOWA
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACKSBURG 8140
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): MARILYN
b. (Middle): JEAN
c. (Last): HUDSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 27 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAR 4 1933
9. AGE (In years last birthday): 20 — If under 1 year: Months 2, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): IOWA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ANDREW J. HUDSON
13b. MOTHER'S MAIDEN NAME: INEZ CLINE
14. NAME OF HUSBAND OR WIFE: NONE

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: INEZ HUDSON, ADDRESS: CRESTON, IOWA

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — Interval between onset and death: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombophlebitis Rt. Leg
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: 463x
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* 5-26-53, 19___, *to* 5-27, 1953, *that I last saw the deceased alive on* 5-27-53, 19___, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank B. Henderson MD
(Degree or title): D
23b. ADDRESS: Excelsior Springs Mo
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-27-1953
24c. NAME OF CEMETERY OR CREMATORY: MOON CEMETERY
24d. LOCATION (City, town, or county) (State): CRESTON, IOWA

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Marceline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE: Claude Richard
ADDRESS: Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1954

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.