

STANDARD CERTIFICATE OF DEATH

20628

State File No.

FILED JUN 18 1953

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vandalia		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 mi. N. W. Highway 54 from Vandalia to the West		d. STREET ADDRESS (If rural, give location) Highway 54 from Vandalia	
3. NAME OF DECEASED (Type or Print) Joseph Olin Mudd		4. DATE OF DEATH (Month) (Day) (Year) June 12 53	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 11, 1896
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 5	IF UNDER 11 HRS. Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) Lincoln County Mo.
12. CITIZEN OF WHAT COUNTRY? US			

13a. FATHER'S NAME Sterling Mudd	13b. MOTHER'S MAIDEN-NAME Estelle Ensor	14. NAME OF HUSBAND OR WIFE Ruby Mudd
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. 486 38 6313	17. INFORMANT'S SIGNATURE OR NAME Ruby Mudd, Vandalia, Mo.

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		10 years
		DUE TO (c) Hypertension		15 years
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 4201	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 June 12, 1953, to June 12, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Lindsey D.O.	23b. ADDRESS Vandalia Mo.	23c. DATE SIGNED June 12, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15 53	24c. NAME OF CEMETERY OR CREMATORY St. Alphonsus	24d. LOCATION (City, town, or county) (State) Millwood Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 15 1953 Mallie Fugate	25. FUNERAL DIRECTOR'S SIGNATURE Ruby Mudd	ADDRESS Bowling Green, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

040

AUG 24 1958

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Ky.

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.