

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21418

State File No.

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 10

0450 / 1

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If partitioned: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) <u>DANIEL</u> (First) <u>—</u> (Middle) <u>Cuddy</u> (Last)			4. DATE OF DEATH <u>June 27 1953</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8-1-45) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 23, 1871</u>	
6. COLOR OR RACE <u>White</u>		9. AGE (In years, last birthday) <u>81</u>		10. AGE (In years, last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co. Missouri U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Cuddy</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Latham</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Hume Cuddy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Juanita Cuddy</u> ADDRESS <u>Glasgow, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERNAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma base of tongue</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Reurrence following surgery at base of tongue just anterior to epiglottis ?			
Conditions contributing to the death but not related to the disease or condition causing death					

19a. DATE OF OPERATION <u>April 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, external border of tongue, floor of mouth, lower gingival, and adjacent mucosa with extensive metastases to cervical nodes</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? <u>141X</u>	

22. I hereby certify that I attended the deceased from 6-18, 1953 to 6-27, 1953, that I last saw the deceased alive on 6-18, 1953, and that death occurred at 2:24 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William C. Allen, M.D.</u>		23b. ADDRESS <u>Glasgow Mo.</u>		23c. DATE SIGNED <u>June 27 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>June 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>					

DATE REC'D BY LOCAL REG. <u>June 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		GENERAL DIRECTOR'S SIGNATURE <u>Cuddy, Fremont</u> ADDRESS <u>Glasgow Mo.</u>	
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