

STANDARD CERTIFICATE OF DEATH

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

BIRTH DATE AUG 6 - 1953 REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5672 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Silex</u>	c. LENGTH OF STAY (in this place) <u>15 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Silex</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi. E. Silex</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mi. E. Silex</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Delilah</u> b. (Middle) <u>Jane</u> c. (Last) <u>Mudd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 53</u>
--	--

5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8 1887</u>	9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 24 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>Eolia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Patrich M. Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Vina Niekirk</u>	14. NAME OF HUSBAND OR WIFE <u>Elzare Mudd</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>Elzare Mudd, Silex, Mo.</u>	ADDRESS
--	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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)	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 10, 1953 to July 27, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 2 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Peirce, M.D.</u> (Degree or title)	23b. ADDRESS <u>Silex Mo.</u>	23c. DATE SIGNED <u>July 29, 53</u>
--	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Alexander</u>	24d. LOCATION (City, town, or county) (State) <u>Old Alexander, Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8/5/53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vomund-Mudd</u> ADDRESS <u>Silex, Mo.</u>
--	---	---

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 B. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Birney Green, 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.