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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3019

State File No. 28200

BIRTH NO. _____ REG. DIST. NO. 107 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Senath Kennett
c. LENGTH OF STAY (in this place): 2-MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Presnell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Senath 0350
d. STREET ADDRESS (If rural, give location): Rt. 0

3. NAME OF DECEASED (Type or Print)
a. (First) TARRY. b. (Middle) WAYNE. c. (Last) HUDSON.

4. DATE OF DEATH (Month) (Day) (Year): 7-22-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): _____
8. DATE OF BIRTH: 3/21/1953.
9. AGE (In years last birthday): 0. IF UNDER 1 YEAR: Months 4, Days 1. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): _____
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): Tampa Florida
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: George Hudson
13b. MOTHER'S MAIDEN NAME: Mary Lee Hudson
14. NAME OF HUSBAND OR WIFE: _____

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 ADDRESS: Mrs Mary Lee Hudson Senath 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration - acidosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastro-enteritis, acute.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mal-nutrition

INTERVAL BETWEEN ONSET AND DEATH: 3-4 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 3220
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* 8 PM. July 21, 1953, *to* 1:45 AM July 22 1953, *that I last saw the deceased alive on* 1 AM July 22, 1953, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James O. Fuzzell M.D.
23b. ADDRESS: Presnell Hospital, Kennett, Mo.
23c. DATE SIGNED: July 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 7-22-1953
24c. NAME OF CEMETERY OR CREMATORY: Horner Cemetery
24d. LOCATION (City, town, or county) (State): Harmonville Mo

DATE REC'D BY LOCAL REG.: 7-23-53
REGISTRAR'S SIGNATURE: Berth Kinsalving
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W T Emerson Jamestown Ark

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-25-53
COUNTY FILE NUMBER 753-195

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.