

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29177

FILED SEP 10 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 89

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>7 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>910 1/2 Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 1/2 Main St.</u>		e. STREET ADDRESS <u>910 1/2 Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>		b. (Middle) <u>Mudd</u>	
c. (Last) <u>Mudd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 25, 1876</u>
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR (Months) <u>10</u>	11. UNDER 2 WKS. (Days) <u>8</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>own home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wellington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Linaback</u>		13b. MOTHER'S MAIDEN NAME <u>Mische Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>George Mudd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Butler, Lexington, Missouri</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4500</u>	
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 <u>21 Aug, 1953</u> , to <u>23 Aug 53</u> , that I last saw the deceased alive on <u>23 Aug 53</u> , and that death occurred at <u>7:30A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe W. Wardmo</u> (Degree or title)		23b. ADDRESS <u>Lexington Mo</u>	
23c. DATE SIGNED <u>4 Sep 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 25, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5 Sep 53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Eastabrook</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Eastabrook</u>		ADDRESS <u>Lexington, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

Wash

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 _____

L. W. Myerson

Licensed Embalmer No. 2983

P. O. Address Elmington, Illinois

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.