

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38079**

FILED NOV 10 1953

BIRTH NO.		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 4529	Registrar's No. 156
1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY VERNON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN METZ TWP		c. LENGTH OF STAY (In this place) LIFE		c. CITY OR TOWN METZ.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2 MI. NORTH WEST OF METZ		e. STREET ADDRESS (If rural, give location) 1 MI WEST METZ. 1080		
3. NAME OF DECEASED (Type or Print) IRL DEWITT HUDSON		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) OCT-27-1953.		5. SEX MALE 6. COLOR OR RACE WHITE.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT. 5-1888		9. AGE (In years last birthday) Months Days Hours Min. 65 0 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK CASHIERE.		10b. KIND OF BUSINESS OR INDUSTRY BANKING.		11. BIRTHPLACE (City and State or Foreign Country) METZ, MISSOURI.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM HUDSON.		
13b. MOTHER'S MAIDEN NAME IDA DYE.		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) YES W.W.I.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vera Hudson Metz, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed to death		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) by Caterpillar Tractor		
DUE TO (c) passing over his body.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Causing instant death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Inquest accidental		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) His farm		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) metz tp. Vernon MO
21d. TIME OF INJURY (M) (Day) (Year) (Hour) 10-27-53 10		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:00 AM , from the causes and on the date stated above.				
23a. SIGNATURE Walter D. Sherman		(Degree or title) Coroner Nevada, Mo.		23c. DATE SIGNED 11-1-53
23b. ADDRESS		24. LOCATION (City, town, or county) (State) VERNON COUNTY, MO.		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/29/53		24c. NAME OF CEMETERY OR CREMATORY PRYOR CREEK.
DATE REC'D BY LOCAL REG. 11-2-1953		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Serv. Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1959

DEC 7 1959

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,
Signature of Student Embalmer

Signed *Robert D. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.