

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41773**

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>3072</b>		Registrar's No. <b>225</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b> c. LENGTH OF STAY (in this place) <b>50Yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>687 W. Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> d. STREET ADDRESS (If rural, give location) <b>687 W. Clay</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lela May</b> b. (Middle) <b>Hudson</b> c. (Last) <b>Aulgur</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8 1953</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 12-1874</b>	
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Herndon, Missouri</b>	
11. BIRTHPLACE (State or foreign country) <b>Herndon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>James Hudson</b>			13b. MOTHER'S MAIDEN NAME <b>Susan Herndon</b>			14. NAME OF HUSBAND OR WIFE <b>Berry C. Aulgur</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. E. P. Rose-Marshall, Mo.</b>			
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) <b>Coronary Thrombosis</b>  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. <b>Cholecystitis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>  <b>3 weeks</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>4201</b> YES <input type="checkbox"/> NO <input 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) <b>Marshall, Mo.</b>			
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 <b>Sept 13, 1934</b> , to <b>Dec 8, 1953</b> , that I last saw the deceased alive on <b>Dec 8, 1953</b> , and that death occurred at <b>6:30 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Richard D. Wellis, M.D.</b>				23b. ADDRESS <b>Marshall, Mo.</b>		23c. DATE SIGNED <b>12-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/11/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-9-1953</b>		REGISTRAR'S SIGNATURE <b>Edwney T. Arroy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Leahy Sweeney, Marshall, Mo.</b>			

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

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1943 2/10/50

**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 J. Leslie Swanson

Licensed Embalmer No. 32350

P. O. Address Marshall, W. Va.

**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.**