

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44571**

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **3130**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City	c. LENGTH OF STAY (in this place) 30yrs	c. CITY OR TOWN University City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 7311 Milan		e. STREET ADDRESS (If rural, give location) 7311 Milan	

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Armstrong c. (Last) Hudson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1901		9. AGE (in years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec.	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Kansas		12. CITIZEN OF WHAT COUNTRY? US A

13a. FATHER'S NAME Lucius G. Hudson		13b. MOTHER'S MAIDEN NAME NANNIE ARMSTRONG		14. NAME OF HUSBAND OR WIFE Kathleen Munch Hudson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-09-3305		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Doris Munch Kingsway Hotel	

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) unknown natural causes 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. alcoholism, cirrhosis of liver			INTERVAL BETWEEN ONSET AND DEATH unk
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5811		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke Herbert R. Domke, M.D., Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.	23c. DATE SIGNED 12-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auty)	24b. DATE Dec. 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Pittsburg Local	24d. LOCATION (City, town, or county) (State) Pittsburg, Kan
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DATE REC'D BY LOCAL REG. 12/18/53	REGISTRAR'S SIGNATURE Herbert R. Domke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter & Sons. 6125 Delmar	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Joseph E. McCulloch*.....

Licensed Embalmer No. *276*.....

P. O. Address *6150 P.A.*.....

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.