

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

87

State File No.

FILED FEB 8 1954

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>BARRY</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>BARRY</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Township</u>		d. STREET ADDRESS (If rural, give location) <u>800 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cassville Community Hosp</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>David</u>	b. (Middle) <u>William</u>	c. (Last) <u>TUDOR</u>	Month <u>JAN</u>	Day <u>17</u>	Year <u>1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 27, 1866</u>	9. AGE (In years last birthday) <u>87</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George T. Tudor</u>		13b. MOTHER'S MAIDEN NAME <u>D. K.</u>		14. NAME OF HUSBAND OR WIFE <u>MARY DORSEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-24-3823</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Tudor</u> ADDRESS <u>Des Moines IA.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Carcinoma of the stomach with metastases</u>					
		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 <u>151X</u>				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) (Min.)		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>Jan. 14, 1954</u> , to <u>Jan. 17, 1954</u> , that I last saw the deceased alive on <u>Jan. 17, 1954</u> , and that death occurred at <u>12:40 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mary Newman, M.D.</u>				23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>1-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stella Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-6-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Neubert</u>		ADDRESS <u>Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0050

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.