

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11041

State File No.

No. 300
10. 48

APR 6 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4549 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale 1130	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) C	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Myrtle C a. (First) M. b. (Middle) Hudson c. (Last)			4. DATE OF DEATH March 28, 1954 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 18, 1884			9. AGE (in years last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Shannodoah, Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME B. Perry Wilkinson		13b. MOTHER'S MAIDEN NAME Matilda Fitzgearld		14. NAME OF HUSBAND OR WIFE Oscar Hudson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-12-2241		17. INFORMANT'S SIGNATURE OR NAME Oscar Hudson - Allendale, Missouri ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		DUE TO (b) _____				_____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		_____				_____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) _____		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 14 May, 1954, to 28 Mar, 1954, that I last saw the deceased alive on 28 Mar, 1954, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE <u>Ron B. Watson M.D.</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>3-28-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-1954		24c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri	
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DATE REC'D BY LOCAL REG. <u>April 3, 1954</u>		REGISTRAR'S SIGNATURE <u>Letta E. Dawson</u> 345 -		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Dunfee - Grant City, Mo.</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

1130

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 Bill Dunfee
Licensed Embalmer No. 4908

P. O. Address _____

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.