

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18129

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Neely <i>Tw</i>		c. CITY OR TOWN Harviell RFD	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Harviell RFD	
e. STREET ADDRESS (If rural, give location)		Harviell RFD 012 ^o	

3. NAME OF DECEASED (Type or Print)	a. (First) Aubrey	b. (Middle) Oscar	c. (Last) Hudson	4. DATE OF DEATH (Month) (Day) (Year) June 19, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 29, 1908	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Butler Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Oscar Hudson	13b. MOTHER'S MAIDEN NAME Pearl Warbington	14. NAME OF HUSBAND OR WIFE Mable Hudson
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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. 491 36 2195	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mable Hudson Harviell Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatism by R.R. Train		
	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.		E8100 27	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neely Twp. Butler Mo
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 19, 1954 1245P.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision between a farmer's tractor and a Railroad Train at a grade crossing
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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 1245 P.m., from the causes and on the date stated above.

23a. SIGNATURE Grover D. Wheeler (Degree or title) Coroner Poplar Bluff Mo	23b. ADDRESS	23c. DATE SIGNED June 22-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21/54	24c. NAME OF CEMETERY OR CREMATORY Bickens Ceme.	24d. LOCATION (City, town, or county) (State) Butler Co. Mo.
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DATE/REC'D BY LOCAL REG. 6/29/54	REGISTRAR'S SIGNATURE R.W. Muddick	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

120

RECEIVED

JUL 6 - 1954

STUTLER CO. HEALTH CENTER

FILE No. _____

JUL 21 1954

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 Bryan McCord
Licensed Embalmer No. 407

P. O. Address May...

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.