

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

FILED JUL 26 1954

5601 State File No. **23475**

BIRTH NO. _____ REG. DIST. NO. 1164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Warrensburg</u> <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 13.4 Miles S. of Wbr</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 5 Warrensburg</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mervin</u> b. (Middle) <u>Claud</u> c. (Last) <u>Hudson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 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>Nov. 1, 1888</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Superintendent; High School</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Martin D. Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Allen Crow</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Hudson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-20-8332</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M.C. Hudson</u> ADDRESS <u>RFD 5 Warrensburg</u>	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injuries to the head</u> ANTECEDENT CAUSES <u>DUE TO (b) a car and tractor accident</u> Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8161</u> <u>26</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Suicide Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Warrensburg Twp, Johnson, Missouri</u> (STATE) <u>051</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/10/54 10:15P</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car struck tractor from the rear</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased decease on July 11, 1954 and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coroner</u>		23b. ADDRESS <u>Holden, Missouri</u>		23c. DATE SIGNED <u>7/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>July 11, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>Warrensburg, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 19 1954
JOHNSON COUNTY HEALTH DEPT.

1954 OCT 7 100

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

R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg

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.