

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

**33299**

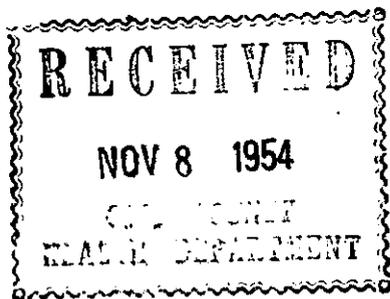
State File No. \_\_\_\_\_

**FILED NOV 10 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 172

No. 300  
10.48  
6190  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cass</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Peculiar</u>		c. CITY OR TOWN <u>Rural Peculiar</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In place)		e. STREET ADDRESS (If rural, give location) <u>2 Miles N.E. Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Pleasant Veiw Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifton</u>		b. (Middle) _____ c. (Last) <u>Hudspeth</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1954</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	
8. DATE OF BIRTH <u>2-14-1874</u>		9. AGE (In years) (Last birthday) <u>80</u> 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) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Buckner, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hudspeth</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rogers</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora Hudspeth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dora Hudspeth</u> ADDRESS <u>Harrisonville,</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) <u>334 X</u>	
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 <u>7-1-</u> , 19 <u>53</u> , to <u>10-25-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-25-</u> , 19 <u>54</u> , and that death occurred at <u>10:30 P.</u> , m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. E. H. M. D.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>	
23c. DATE SIGNED <u>10-27-54</u>		24. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Buckner, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen B...</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>Nov 1, 1954</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u> <u>4570-0</u>	



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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 Byron Bell  
Signature of Student Embalmer

Signed Allen Brownfield

Licensed Embalmer No. 378

P. O. Address Pleasant

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.