

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38316

FILED NOV 24 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cold Springs Vida		c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles South of Rolla, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vida, Cold Springs (Rural)	
		d. STREET ADDRESS (If rural, give location) 5 miles South of Rolla, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) DOLLIE	b. (Middle) MATHIS	c. (Last) HUDGENS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN 10 - 18 92	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural School teacher	10b. KIND OF BUSINESS OR INDUSTRY Teaching School	11. BIRTHPLACE (State or foreign country) Flat, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John F. Mathis	13b. MOTHER'S MAIDEN NAME Ida Mathis	14. NAME OF HUSBAND OR WIFE Claude Hudgens (dec)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wayne L. Hudgens, Vida, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		
	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. Hypertension		Previous cerebral hemorrhage	

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 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)
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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?
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22. I hereby certify that I attended the deceased from past 18 years, 1936, that I last saw the deceased alive on about 11-10-54, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Ferid M.D.</u> (Degree or title)	23b. ADDRESS <u>Rolla mo</u>	23c. DATE SIGNED <u>11-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-18-1954	24c. NAME OF CEMETERY OR CREMATORY Hudgens Cemetery	24d. LOCATION (City, town, or county) (State) Newburg, Mo.
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DATE REC'D BY LOCAL REG. <u>Nov. 18, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steel</u> 380.	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Blum</u>	ADDRESS 1100 Elm, Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
NOV 22 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 \_\_\_\_\_

Me

working under my personal supervision.

Student Embalmer No. ....

*Carl J. Glenn*  
Carl J. Glenn

Signed .....

Signed .....  
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address Holla, 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.