

1133

FILED DEC 1 1954

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4549** Registrar's No. **2**

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| 1. PLACE OF DEATH a. COUNTY Worth | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Iowa b. COUNTY Ringgold | |
| b. CITY (If outside corporate limits, write RURAL and give township) Allendale | | c. CITY (If outside corporate limits, write RURAL and give township) Redding | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) Oscar | | c. (Last) Hudson | |
| 5. SEX Male | | 4. DATE OF DEATH Nov. 15, 1954 | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH August 16, 1893 | | 9. AGE (In years) 61 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator | | 10b. KIND OF BUSINESS OR INDUSTRY Telephone service | |
| 11. BIRTHPLACE (City and State or Foreign Country) Redding, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME D. W. Hudson | | 13b. MOTHER'S MAIDEN NAME Mary Alice Craven | |
| 14. NAME OF HUSBAND OR WIFE Myrtle Hudson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | |
| 16. SOCIAL SECURITY NO. World War I | | 17. INFORMANT'S SIGNATURE OR NAME Ida Parker - Redding, Iowa | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lacerations of left Jugular Vein and veins of both wrists | |
| 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 3. DUE TO (b) _____ | |
| 4. DUE TO (c) _____ | | 5. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 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) suicide town park | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Allendale Worth Co Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 15 1954 6am | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from 66 to 79 , that I last saw the deceased alive on 19 , and that death occurred at 6:30am , from the causes and on the date stated above. | | 21f. HOW DID INJURY OCCUR? self inflicted with razorblades | |
| 23a. SIGNATURE Frank B. Matterson MD | | 23b. ADDRESS Grant City, Mo | |
| 23c. DATE SIGNED 11-17-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 11-17-1954 | | 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Ringgold County, Iowa | | 25. FUNERAL DIRECTOR'S SIGNATURE Bill A. Dwyer Grant City | |
| DATE REC'D BY LOCAL REG. 11/24/1954 | | REGISTRAR'S SIGNATURE Leta E. Dawson | |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1955

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 A. Dunfee

Licensed Embalmer No. 4902

P. O. Address Frank City, 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.