

FILED FEB 16 1955

STANDARD CERTIFICATE OF DEATH

5560

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2107 Chestnut St.,</u>		d. STREET ADDRESS (If rural, give location) <u>2107 Chestnut St.,</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>T.</u> c. (Last) <u>Mudd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-1955</u>
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/22/1881</u>	9. AGE (In years last birthday) <u>73</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 14 HRS: Hours _____ Min. _____
--------------------------------	----------------------------------	--------------------------------------------------------------------------	--------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rubber Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co., Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Sidney P. Mudd</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Mudd</u>	14. NAME OF HUSBAND OR WIFE <u>Mary A. Mudd</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>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary A. Mudd, 2107 Chestnut</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.	MEDICAL CERTIFICATION <u>Hannibal, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

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?
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from 4-11-54, 1954, to 1-25-55, 1955, that I last saw the deceased alive on 1-25-55, 1955, and that death occurred at 5:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>0</u>	23b. ADDRESS <u>M.D. 100 N. Sixth Hannibal, Mo.</u>	23c. DATE SIGNED <u>2-7-55</u>
-----------------------------------------------------------------	--------------------------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek Cemetery, Monroe Co., Mo.</u>	24d. LOCATION (City, town, or county) (State)
------------------------------------------------------------	-------------------------------	-------------------------------------------------------------------------------------	-----------------------------------------------

DATE REC'D BY LOCAL REG. <u>1/9/55</u>	REGISTRAR'S SIGNATURE <u>NEM Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael J O'Rourke Hannibal Mo</u>
-------------------------------------------	-------------------------------------------	-----------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 15 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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.