

No. 300  
10-48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14406

FILED MAY 2 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4497</u>		Registrar's No. <u>35</u>																			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>JACKSON</u>																	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>CLARENCE</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY OR TOWN <u>CLARENCE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>				F <sup>a</sup> . STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>																					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>FANNIE</u>			b. (Middle) <u>MURTLIE</u>			c. (Last) <u>HUDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14 1955</u>													
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 10 1929</u>		9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 4 HRS. Hours Min.													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI MALCON CO MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>US</u>													
13a. FATHER'S NAME <u>W.M. P. ALLEN</u>				13b. MOTHER'S MAIDEN NAME <u>CATHERINE PARIS</u>				14. NAME OF HUSBAND OR WIFE <u>HENRY HUDSON</u>																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY HUDSON CLARENCE MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal Disease</u>												6 years													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Congestion of the Liver</u>												2 years													
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>4/4 a X</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 <u>April</u> , 19 <u>55</u> , to <u>April 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 18</u> , 19 <u>55</u> , and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.																									
23a. SIGNATURE (Degree or title) <u>B.L. Edgington D.O.</u>								23b. ADDRESS <u>Clarence, Mo.</u>				23c. DATE SIGNED <u>4-22-55</u>													
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>4-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>				24d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>															
DATE REC'D BY LOCAL REG. <u>4-26-55</u>				REGISTRAR'S SIGNATURE <u>Ada Garrison</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles A. Sherry Clarence MO</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.....  
Signature of Student Embalmer

Signed *Charles V. Groni*.....

Licensed Embalmer No. *44*.....

P. O. Address *Ch...*.....

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.