

15033

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1955

No. 300

10.48

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BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 5-1955

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>at Intersection of Hwy 66 W. & 4th St. Springfield Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Mo. Paul (Barber)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Hwy 66, N. Cuba, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>H. 19 - N. N. # 2 2280</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>LEONARD</u> c. (Last) <u>HUDSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-21-1886</u>
9. AGE (In years last birthday) <u>75</u> 10. UNDER 1 YEAR Months <u>1</u> Days <u>22</u> 11. UNDER 1 HR. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>NAUVOO, Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Walmart & Walgreens Stores</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEONARD HUDSON</u>	
13b. MOTHER'S MAIDEN NAME <u>HOUSE BENZ</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN (BARBAR) 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>490-20-5883</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Hudson, No 2 Cuba, Mo.</u>		ADDRESS <u></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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>we the jury have reach decision of death due to unresolvable accident at junction of DD 66 Hwy way.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cause of accident due to heavy weather and slippery pavement.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Auto Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>66 W & 4th Springfield Rd</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuba, Crawford, Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-13-1955- 7:30 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry M. Jones, coroner</u>		23b. ADDRESS <u>Stateville Mo</u>	
23c. DATE SIGNED <u>May 13-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-18-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NAUVOO City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>NAUVOO Illinois</u>	
DATE REC'D BY LOCAL REG. <u>5-14-1955</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shanley 374</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanley</u>		ADDRESS <u>Cuba, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1917

MAY 18 1917

STATEMENT BY LICENSED EMBALMER

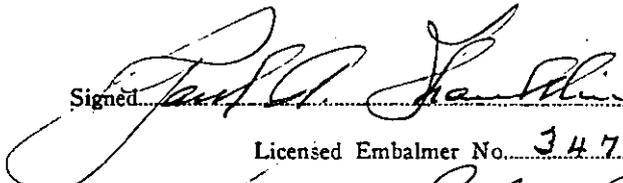
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3472

P. O. Address Cuba, 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.