

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27237

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>4411</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY OR TOWN <u>Bowling Green</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Bowling Green</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>BB Springs Hotel</u>				e. STREET ADDRESS (If rural, give location) <u>North Main Cross St.</u> <i>0820</i>			
3. NAME OF DECEASED a. (First) <u>William</u>			b. (Middle) <u>Ivy</u>		c. (Last) <u>Mudd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31 1870</u>		9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>7</u>	# UNDER 24 HRS. Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>William T. Mudd</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Harrelson</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Mudd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Everett Straube Bowling Gre e</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) <u>Cerebral insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>A few minutes</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ <u>4201</u> 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 _____				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) _____		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>Aug. 6</u> , 19 <u>55</u> , to <u>Aug. 6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug. 6</u> , 19 <u>55</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James B. Biggs, M.D.</u>				23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>Aug. 9-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clement</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clement Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-10-55</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. O. Mudd Bowling Green, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *James O. Mudd*

Licensed Embalmer No. *415*

P. O. Address *Beverly Hills*

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.