

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37893

FILED DEC 12 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>1 Week</u>		c. CITY OR TOWN <u>Silex</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RFD # 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Mudd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 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>March 15 1883</u>		
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>8</u>		11. DAYS <u>14</u>		9. AGE (In years last birthday) <u>72</u>		
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>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>William Walsh</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Lucy</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest J. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest J. Mudd Silex, 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, asthma, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Liver.</u>						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>155X</u>								
19a. DATE OF OPERATION <u>11/28/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver (Biopsy only)</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)		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>Nov. 22, 1955</u> , to <u>Nov. 29, 1955</u> , that I last saw the deceased alive on <u>Nov. 29, 1955</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. D. Barber, M.D.</u>				23b. ADDRESS <u>206 Washington, St. Charles, Mo.</u>		23c. DATE SIGNED <u>12/2/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 29 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Alphonsus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Millwood Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 3, 1955</u>		REGISTRAR'S SIGNATURE <u>Tramie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Mudd</u>		ADDRESS <u>Bowling Green, Mo.</u>		

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 C. Mudd*

Licensed Embalmer No. *445*

P. O. Address *Burling*

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.