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FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10329**
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. CITY OR TOWN FREDERICKTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WHITE WAY NURSING HOME		e. STREET ADDRESS (If rural, give location) 311 VIRGINIA ST. 0621	
3. NAME OF DECEASED (Type or Print) a. (First) LEOLA b. (Middle) c. (Last) GUDGER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 1, 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) WIDOWED	8. DATE OF BIRTH MARCH 10, 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months 0 Days 21 IF UNDER 1 HR.: Hours 0 Min. 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ROBERT LEE	
13b. MOTHER'S MAIDEN NAME JANE KENNEDY		14. NAME OF HUSBAND OR WIFE HENRY GUDGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME EDWARD GUDGER, FREDERICKTOWN, MO.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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	
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) 094	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 March 19, 1956 to April 1, 1956 , that I last saw the deceased alive on March 31, 1956 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edward Gudger M.D.		23b. ADDRESS Farmington Mo	
23c. DATE SIGNED 4/6/56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4/4/56		24c. NAME OF CEMETERY OR CREMATORY OLD MASONIC CEMETERY	
24d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO.		25. FUNERAL DIRECTOR'S SIGNATURE NAJIM FUNERAL HOME, FREDERICKTOWN, MO.	
DATE REC'D BY LOCAL REG. Apr. 6, 1956		REGISTRAR'S SIGNATURE Catherine Rudloff	

(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 *Charles McCarty*

Licensed Embalmer No. *48*

P. O. Address *Fredrick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.