

FILED AUG 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

24643

BIRTH NO.

REG. DIST. NO.

277

PRIMARY REG. DIST. NO.

5952

Registrar's No.

36

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike				
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Spencer		c. LENGTH OF STAY (In this place) lifetime		c. CITY OR TOWN Bowling Green		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 None				e. STREET ADDRESS (If rural, give location) RFD #2				
3. NAME OF DECEASED (Type or Print) a. (First) Otis b. (Middle) Ely c. (Last) Hudson			4. DATE OF DEATH (Month) (Day) (Year) 7-17-56					
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 3, 1882		9. AGE (In years last birthday) 73	10. # UNDER 1 YEAR 9	11. # UNDER 28 HRS. 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME James M. Hudson			13b. MOTHER'S MAIDEN NAME Laura Lanier		14. NAME OF HUSBAND OR WIFE Myrtle Hudson			
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 Clark Hudson				ADDRESS Louisiana, Missouri
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) <u>Gunshot Wound in Head</u>  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.				INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>July 17, 1956</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. C. Mudd Coroner</u>				23b. ADDRESS <u>Bowling Green Mo.</u>		23c. DATE SIGNED <u>July 18-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-56	24c. NAME OF CEMETERY OR CREMATORY Bowling Green Cemetery		24d. LOCATION (City, town, or county) (State) Bowling Green Missouri			
DATE REC'D BY LOCAL REG. 7/23/56		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Mudd Bowling Green, Mo.</u>				ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

254

AUG 17 1956

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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 *James C. Model* \_\_\_\_\_

Licensed Embalmer No. *415*

P. O. Address *Bearington, Va.*

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.