

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26654

FILED AUG 31 1956

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 134

health, Welfare Public Service  
300 1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
15-0  
Dr Oliver Duffy

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>GILMAN CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hosp</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MINNIE Hester HUDSON</u>			4. DATE OF DEATH Month Day Year <u>AUG 24 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 23, 1871</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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	11. BIRTHPLACE (City and state or country) <u>HARRISON Co. MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>ELLIS Stanley</u>	
14. MOTHER'S MAIDEN NAME <u>Rebecca Lakey</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO NONE</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Bert Hudson Trenton, MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Jaundice, Cholecystitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug 10th 56</u> to <u>Aug 24th 1956</u> and last saw her alive on <u>Aug 24th 1956</u> Death occurred <u>on</u> <u>Aug 24th 1956</u> <u>at</u> <u>Trenton</u> <u>MO</u> <u>at</u> <u>5:00</u> <u>p. m.</u> <u>on</u> <u>the</u> <u>date</u> <u>stated</u> <u>above</u> ; <u>and</u> <u>to</u> <u>the</u> <u>best</u> <u>of</u> <u>my</u> <u>knowledge</u> , <u>from</u> <u>the</u> <u>causes</u> <u>stated</u>			
22a. SIGNATURE <u>Oliver Duffy</u> (Degree or title)		22b. ADDRESS <u>Trenton MO</u>	
22c. DATE SIGNED <u>Aug 29th 1956</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 26, 1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CAT Creek Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>BRIMSON MO</u>	
24. FUNERAL DIRECTOR <u>Gordon Blackman</u>		25. DATE RECD. BY LOCAL BEG. <u>30 56</u>	
26. REGISTRAR'S SIGNATURE <u>Gene Fan</u>			

(Licensed Embalmer's Statement on Reverse Side)

SECRET

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 *Harold Roberts* .....

Licensed Embalmer No. *492*

P. O. Address *Greenville, S.C.*

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.