

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27302**

FILED SEP 7 1956

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>150</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (If this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		d. STREET ADDRESS (If rural, give location) <u>1497 N. Osage</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1497 N. Osage</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>			b. (Middle) _____		c. (Last) <u>Hudson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25-1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Jan. 25-1863</u>		9. AGE (In years last birthday) <u>93</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 2 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work upon expiration of working life, even if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wilson Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Kent</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Veneta Allen</u>		ADDRESS <u>Indep. 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</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) <u>Arteriosclerosis</u>				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>gangrene of leg</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</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) 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 <u>8-18</u> , 19 <u>56</u> , to <u>8-25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>56</u> , and that death occurred at <u>9:55</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold Whelan, MD</u>				23b. ADDRESS <u>Jackson County Hosp.</u>		23c. DATE SIGNED <u>8-26-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/29/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-27-1956</u>		REGISTRAR'S SIGNATURE <u>N.B. Lanyford</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Indep. Mo.</u>		

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

4830

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
Student Embalmer

Signed

J. H. Gibson

Licensed Embalmer No. 4871

P. O. Address Indep. Mo.

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 this body is not embalmed, fact should be so stated above.