

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27674**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL FABIUS</b> )		c. CITY OR TOWN <b>MAYWOOD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>XXXXXXX</b>		e. STREET ADDRESS (If rural, give location) <b>2 mile So. West Maywood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mile So. West Maywood</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>WARREN</b>	c. (Last) <b>DUDLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 7, 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>10/9/1863</b>	9. AGE (In years last birthday) <b>92</b>	if UNDER 1 YEAR Months <b>10</b>	if UNDER 1 YEAR Days <b>28</b>	if UNDER 1 Hrs. Hours	if UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CEBAR COUNTY, IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>LEVI DUDLEY</b>	13b. MOTHER'S MAIDEN NAME <b>MATILDA TEVIS</b>	14. NAME OF HUSBAND OR WIFE <b>CORA DUDLEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>XXXXXXXXXXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EUNICE DUDLEY</b>	ADDRESS <b>MAYWOOD, MO.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>33/x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 6, 1956 to Sept 7, 1956 that I last saw the deceased alive on Sept 6, 1956 and that death occurred at 10 A.M., from the causes and on the date stated above.

23. SIGNATURE (Deceased or Informant) <b>Maude's Y. Davis</b>	23b. ADDRESS <b>Canton Mo</b>	23c. DATE SIGNED <b>Sept 7</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/9/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DURHAM</b>	24d. LOCATION (City, town, or county) (State) <b>DURHAM, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>9-11-56</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. ...</b>	ADDRESS <b>Lewistown, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED SEP 12 1956  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 12 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..... *Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address ... LEWISTOWN, MISSOURI

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.