

Health, Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27858

FILED SEP 10 1956

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u> <u>082/0</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>Pike Co. Hospital</u>		Length of stay in lb. <u>17 days</u>	
d. STREET ADDRESS <u>Delaware St.</u>		(If outside, give location) <u>Delaware St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEMUEL</u> Middle <u>J</u> Last <u>HUDSON</u>		4. DATE OF DEATH <u>SEPT. 1, 1956</u> Month <u>SEPT.</u> Day <u>1</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 30, 1872</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Trucker</u>	
11. BIRTHPLACE (City and state or country) <u>Lincoln Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Charlie Hudson</u>		14. MOTHER'S MAIDEN NAME <u>Emily Hagwood</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Dude Branstetter, Louisiana, Mo.</u>		Address <u>Louisiana, 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 renal failure (nephrosis)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerotic degeneration</u> DUE TO (c) <u>591X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Hypostatic Pneumonia, Cerebrovascular accident</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>a. m.</u> Month <u>a. m.</u> Day <u>p. m.</u> 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>7/12/56</u> to <u>9/1/56</u> and last saw him alive on <u>8/20/56</u> Death occurred at <u>8:20 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. A. Millitts M.D.</u>	22b. ADDRESS <u>Louisiana</u>	22c. DATE SIGNED <u>9/2/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/3/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 13, 1956</u>	25. REGISTRAR'S SIGNATURE <u>Barner Collier</u>

(Licensed Embalmer's Statement on Reverse Side)

74-6

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 *Virginia M. Sterne*

Licensed Embalmer No. 464

P. O. Address *Louisiana*

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.