

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

35666  
State File No. 9025  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 Yr.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2211 DICKSON STREET		e. STREET ADDRESS (If rural, give location) 2211 DICKSON STREET	

3. NAME OF DECEASED (Type or Print) NANNIE HUDGENS			4. DATE OF DEATH (Month) (Day) (Year) OCT. 2 1956		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 3-22-1880		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	
11. BIRTHPLACE (City and State or Foreign Country) Mt. Carmel, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.		13. KIND OF BUSINESS OR INDUSTRY AT HOME	

13a. FATHER'S NAME SAMUEL W. ENGLISH		13b. MOTHER'S MAIDEN NAME ISABELLE HOLCOMB		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Robert Hudgens Grant City, Ill	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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)			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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 \_\_\_\_, 19\_\_, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-2-1956		24c. NAME OF CEMETERY OR CREMATORY LINTON, CEMETERY	
24d. LOCATION (City, town, or county) POPLAR BLUFF, MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer		24f. ADDRESS Grant City, Ill	
DATE REC'D BY LOCAL REG. OCT 2 1956		REGISTRAR'S SIGNATURE Carl Smith		25. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

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

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 E. Mercer*.....

Licensed Embalmer No. *298*.....

P. O. Address *Granite*.....

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.