

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12132**

FILED APR 17 1957

BIRTH NO. _____ REG. DIST. NO. 5117 PRIMARY REG. DIST. NO. 34 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Cedar		c. LENGTH OF STAY (in this place) 23 Yrs.	c. CITY OR TOWN Rural d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles South East Ashland		e. STREET ADDRESS (If rural, give location) 7 Miles South East Ashland 0100	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Emmet c. (Last) Hudson			4. DATE OF DEATH (Month) (Day) (Year) Apr. 5 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 12, 1887	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Days 11 Hours 23 IF UNDER 24 HRS. Hour 11 Min. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Elston, Missouri Cole Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Hudson		13b. MOTHER'S MAIDEN NAME Nellie Waters		14. NAME OF HUSBAND OR WIFE Mary Hudson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 111111		17. INFORMANT'S SIGNATURE OR NAME Loyd Hudson Hartsburg, Missouri ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hardening of the Arteries</u> DUE TO (c) <u>Senile</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blind for years 4500</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Information given me by Dr. John R. Hall - Ashland Mo. M.D.</u>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office block, 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 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs Mildred Burnett (L. Reg.)</u>		23b. ADDRESS <u>Ashland, Mo.</u>		23c. DATE SIGNED <u>Apr 6, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 7, 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	24d. LOCATION (City, town, or county) (State) Boone Co. Missouri		
DATE REC'D BY LOCAL REG. Apr 7 1957	REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. R. Burnett Ashland Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

27-0

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 *Wm L Burnett*.....

Licensed Embalmer No. *3567*.....

P. O. Address *Adland W*.....

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.