

FILED JUL-30 1957

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 121

5. 300
1-57

2

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wash. Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Crane mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp 3</u>		Length of stay in lb <u>134 1/2 m 29d.</u>	d. STREET ADDRESS (If outside, give location) <u>unknown</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LULA - J - HUDSON</u>			4. DATE OF DEATH Month Day Year <u>July 13, 1957</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 12, 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Aurora mo U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Galton</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen M^e Coy</u>		14. NAME OF HUSBAND OR WIFE <u>J.W. Hudson (deceased)</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>Records</u>		Address <u>State Hosp 3 Nevada</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>Isletic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>four years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Isletic Meningo -</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>Encephalitis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>With Psychosis</u>			<u>025X</u>
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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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>May 24, 1944</u> to <u>July 13, 1957</u> and last saw her/him alive on <u>July 13, 1957</u> Death occurred at <u>6:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul L. Barone, M.D.</u>		22b. ADDRESS <u>State Hosp 3 Nevada mo</u>	
22c. DATE SIGNED <u>July 13/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 15, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Crane Missouri</u>
24. FUNERAL DIRECTOR <u>Ferry Funeral Home, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Anna S. Ferry</u>

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 *L. August Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada, N*

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.