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FILED JAN 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

207
STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Crawford</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Crawford</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Steelville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Steelville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>Nov. 1943</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Thomas</i> Last <i>Hudson</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>20</i> Year <i>1958</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 20 1874</i>		9. AGE (In years last birthday) <i>83</i>	10. UNDER 1 YEAR Months <i>2</i> Days <i></i> Hours <i></i> Min. <i></i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Thomas O Hudson</i>		13b. MOTHER'S MAIDEN NAME <i>Edy Miller Caroline</i>		14. NAME OF HUSBAND OR WIFE <i>Hettie Hudson</i>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no.</i>	16. SOCIAL SECURITY NO. <i>486-18-1318</i>	17. INFORMANT <i>Hettie Hudson</i>	Address <i>Steelville Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral Hypertensive Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cerebral Vascular Thrombosis</i>			<i>3 days</i>
	DUE TO (c) <i>Arteriosclerosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of liver</i>			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 <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>	20d. INJURY OCCURRED WHILE AT <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 <i>Steelville</i>	COUNTY <i>Mo.</i>	STATE <i>Mo.</i>
21. I attended the deceased from <i>8-23-57</i> to <i>1-20-58</i> and last saw him <i>alive</i> on <i>1-20-58</i> Death occurred at <i>2:30</i> p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A. Bauman M.D.</i>		22b. ADDRESS <i>Steelville, Mo.</i>	22c. DATE SIGNED <i>1-23-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-22-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Peter Masonic Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Petersi Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Luther Spahn</i>		25. DATE RECD. BY LOCAL REG. <i>1/24/58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Hazel Lichius</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 19 1958

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 *Murphy L Sparks*

Licensed Embalmer No. *4236*
P. O. Address *H. L. R. 7*

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.