

Health, Welfare, Public Service

300 1-56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2206

STATE FILE NUMBER

64

FILED JAN 22 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence badge admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY OR TOWN <u>Bragg City</u> d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>		
3. NAME OF DECEASED (Type or print) First <u>Arvil</u> Middle <u>Hudgens</u> Last <u>Hudgens</u>			4. DATE OF DEATH Month <u>January</u> Day <u>5</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 18, 1951</u>		9. AGE (In years last birthday) <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXX</u>	11. BIRTHPLACE (City and state or country) <u>Osceola, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Ruffus Hudgens</u>			14. MOTHER'S MAIDEN NAME <u>Minnie Hulsey</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>XXXXX</u>	17. INFORMANT <u>Ruffus Hudgens</u> Address <u>R. R. 1, Bragg City, 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>Multiple Head Injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>					
20a. ACCIDENT <input checked="" 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.) <u>Run over by automobile</u>		
20c. TIME OF INJURY Hour <u>11:45</u> Month, Day, Year <u>1-5-58</u>					
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.) <u>Public Highway</u>		
			20f. CITY, TOWN, OR LOCATION <u>Near Pascola, Pemiscot Missouri</u>		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James A Osburn Coroner</u> (Degree or title)			22b. ADDRESS <u>Hayti, Missouri</u>		22c. DATE SIGNED <u>1-5-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Braggadocio, Mo. Cemetery</u>	23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <u>Osburn Funeral Home</u> ADDRESS <u>Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-8-58</u>	26. REGISTRAR'S SIGNATURE <u>John St. Herman</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2-49-58

FEB 13 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James G. Osburn

Licensed Embalmer No. *41*

P. O. Address *Waverly,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.