No. 300
10.48

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010663
State File No.

BIRTH NO. — REG. DIST. NO. 195 PRIMARY REG. DIST. NO. — Registrar's No. 24-58

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwest City
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo; b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwest City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Earnest c. (Last) Hudson
4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 58
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9-23-99
9. AGE (In years last birthday) 58 — If under 1 year: Months 5 Days 26 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME George W. Hudson
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Mrs. Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Wife- ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH Sev'l Yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *19* 57, *to* March 17, *19* 58, *that I last saw the deceased alive on* March 17, *19* 58, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Geo. O. Hickey (Degree or title) D O
23b. ADDRESS Southwest City, Mo.
23c. DATE SIGNED 3-19-58

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 3-19-58
24c. NAME OF CEMETERY OR CREMATORY Southwest City
24d. LOCATION (City, town, or county) (State) Southwest City, Mo.

DATE REC'D BY LOCAL REG. March 20, 1958
REGISTRAR'S SIGNATURE Mary A. Bradley
25. FUNERAL DIRECTOR'S SIGNATURE Clarence H. Gaddis ADDRESS Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

D — 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 .....
Student Embalmer

Signed James Lee Rhodes

Licensed Embalmer No. 1133

P. O. Address Box 89 Silam Springs Ark

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 this body is not embalmed, fact should be so stated above.