

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024265
State File No.

FILED JUL 7 1958

BIRTH NO.		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4480</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Schuyler		b. CITY (If outside corporate limits, write RURAL and give town or township) Greentop		c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STATE Mo		b. COUNTY Schuyler		c. CITY OR TOWN Greentop		STREET ADDRESS (If rural, give location) Greentop	
3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Earl		b. (Middle) Lawrence		c. (Last) Tuder		June 22, 1958	
(Type or Print)							
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 28, 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo.		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 76	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Marion Tuder		13b. MOTHER'S MAIDEN NAME Lora Rigdon		14. NAME OF HUSBAND OR WIFE Zora Belle Vanwey Tuder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zora Belle Tuder, Greentop Mo.			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage							
INTERVAL BETWEEN ONSET AND DEATH							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) Hypertension							
DUE TO (c) Atherosclerosis							
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				20. AUTOPSY (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>)	
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)		331X	
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 <u>Sept. 19 57</u> , to <u>June 22</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>June 22</u> , 19 <u>58</u> , and that death occurred at <u>3:03 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank Busi				23b. ADDRESS Greentop, Mo.		23c. DATE SIGNED 6-23-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/58		24c. NAME OF CEMETERY OR CREMATORY St. Madison Cemetery		24d. LOCATION (City, town, or county) (State) Adair County, Mo.	
DATE REC'D BY LOCAL REG. 0. 22 58		REGISTRAR'S SIGNATURE W. A. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Paul W. T. ...		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1968

NOV 16 1967

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..... *Kenneth E. Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Kirkville, Mo.*

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.