

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031440

STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY SCHYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY KNOX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3 MI. N. LANCASTER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BARING 0520
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb —	d. STREET ADDRESS (If outside, give location) —
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLARD THOMAS LUDDEN			4. DATE OF DEATH AUG. 24 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH APR. 9, 1914	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ADAIR	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME CHARLES LUDDEN			14. MOTHER'S MAIDEN NAME JULIA CONNELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. NOV. 13, '41 - OCT. 6, '45 486145082	17. INFORMANT MRS. TERESA CODY, BARING MO			
		(If yes, give war or dates of service)	Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture		
DUE TO (b) Car Wreck		
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"/>

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.) Car left road & turned over	
20c. TIME OF INJURY 11:30 P.M. Aug 24 58	20d. INJURY OCCURRED Several times	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 078	20f. CITY, TOWN, OR LOCATION North of Lancaster Schuyler Mo	COUNTY — STATE —
21. I attended the deceased from 11:30 PM and last saw him alive on — Death occurred at — on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Bruce V. Norman (Degree or title) Coroner 3	22b. ADDRESS Lancaster Mo	22c. DATE SIGNED Sept 2-1958

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE AUG. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	23d. LOCATION (City, town, or county) ADAIR Mo.
24. FUNERAL DIRECTOR EASLEY FUNERAL HOME ADDRESS Margaret Easley	25. DATE RECD. BY LOCAL REG. 9-2-58	26. REGISTRAR'S SIGNATURE Mrs. P. Drake	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 986 3 300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

253 0

SEP 10 1956

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 *Richard B. Kelly*.....

Licensed Embalmer No. *4490*

P. O. Address *Elm...*

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.