

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040901

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 231

Primary Registration District No. 4383

Registrar's No. 345

1. PLACE OF BIRTH a. COUNTY Nodaway		2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Graham	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Graham	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b 7 yrs	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) First MARRILLA Middle JUDKINS Last JUDKINS	4. DATE OF DEATH Month 12 Day 5 Year 1958
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 10, 1867	9. AGE (In years birthday) 91	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home own	11. BIRTHPLACE (City and state or country) Beuna Vista, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jessie Pickering	13b. MOTHER'S MAIDEN NAME Emily Hart	14. NAME OF HUSBAND OR WIFE Ed Judkins
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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. none	17. INFORMANT Mrs Nora Suerweine, Graham, Mo.	Address
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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) Hypostatic Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 5 day
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"/>

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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
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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.)	20f. CITY, TOWN, OR LOCATION Moitland	COUNTY Moitland	STATE Moitland
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21. I attended the deceased from _____ and last saw her alive on 12-4-58 Death occurred at 8:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.C. Surr (Degree or title) D.O. 2	22b. ADDRESS Moitland	22c. DATE SIGNED 12-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/8/1958	23c. NAME OF CEMETERY OR CREMATORY Graham Cemetery	23d. LOCATION (City, town, or county) (State) Graham, Mo.
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24. FUNERAL DIRECTOR Ematukisaw Maywell	ADDRESS Moitland	25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE Bess Bolt
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(Licensed Embelmer'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.

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 *J. M. Allison*

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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.