

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043309

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1411

300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monterey Park 8040 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) 321 W. Gleason Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EARL LE ROY HUDSON			4. DATE OF DEATH Month Day Year Dec. 31, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1893
9. AGE (In years of last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Upminster	11. BIRTHPLACE (City and state or country) Cameron, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Hawley Hudson	
14. MOTHER'S MAIDEN NAME Laura Hooper		15. NAME OF HUSBAND OR WIFE Mary Vilma Hudson	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) NO		17. SOCIAL SECURITY NO. 505-01-1025	18. INFORMANT Mary Vilma Hudson Address Monterey Park Calif. 321 W. Gleason
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 9 days Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from Dec. 22, 58 to Dec. 31, 58 and last saw her alive on Dec. 31, 1958 Death occurred at 2:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Martin A. Christman, M.D.		22b. ADDRESS 6106 King Hill Ave.	22c. DATE SIGNED 1-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Rose Hills Memorial Park	23d. LOCATION (City, town, or county) (State) Whittier, California
24. FUNERAL DIRECTOR Clark Funeral Home		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Jan 7, 1959
		26. REGISTRAR'S SIGNATURE Mr. Clark Goodell	

All diseases in Part I must be causally related.  
 Dr. Martin H. Christman  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

JAN 18 1959

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 *E. A. Clark* .....

Licensed Embalmer No. *4236* .....

P. O. Address *St. Joseph* .....

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.