

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047341

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 341 Primary Registration District No. 6146 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce		c. CITY OR TOWN Crane 1040 c'	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) R#2	
3. NAME OF DECEASED (Type or print) Freddie Hudson		4. DATE OF DEATH Month Dec Day 2 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 25 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Barry Co Missouri
13a. FATHER'S NAME T.A. Burk		13b. MOTHER'S MAIDEN NAME Ella Williams	14. NAME OF HUSBAND OR WIFE Loyd Hudson
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 Address Mrs Carl Burk Crane, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Primary carcinoma of ovaries with generalized abdominal metastasis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750			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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>1954</u> to <u>Dec-2-1958</u> and last saw her alive on <u>Dec 1-1958</u> Death occurred at <u>9:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A.P. Lyda M.D.</i> (Degree or title)		22b. ADDRESS <i>Crane, Mo</i>	22c. DATE SIGNED <i>12-4-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/4/58	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or country) (State) Crane, Missouri
24. FUNERAL DIRECTOR Manlove Funeral Home, Crane, Mo		25. DATE RECD. BY LOCAL REG. 4-30-59	26. REGISTRAR'S SIGNATURE <i>Thomas E. Durdon</i>

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *George H. Moulton*

Licensed Embalmer No. *3877*

P. O. Address *Olden 5200*

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.