

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001743

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No.

157

Primary Registration District No.

3028

Registrar's No.

13

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cartage</u>		c. CITY OR TOWN <u>Cartage</u> 0493	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Rocks</u>		d. STREET ADDRESS (If outside, give location) <u>826 E. Centennial</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Luther Udams</u>		4. DATE OF DEATH Month Day Year <u>Jan. 10, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Sept. 14, 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Entrepreneur</u>		11. BIRTHPLACE (City and state or country) <u>Shelbyville, Ill.</u>	
13a. FATHER'S NAME <u>Luther Udams</u>		14. NAME OF HUSBAND OR WIFE <u>Busby Maxine Jansen Udams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>332-01-3056</u>	
17. INFORMANT <u>Udams</u>		Address <u>Cartage, Mo.</u>	
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>Severe head injury. Crushing injury of chest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Accidental collision with train</u> 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 ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car he was driving, struck by train at crossing.</u>	
20c. TIME OF INJURY Hour <u>3:40</u> a.m. Month, Day, Year <u>1/10/59</u>		20d. INJURY OCCURRED WHILE AT ☒ NOT WHILE WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad Crossing</u>		20f. CITY, TOWN, OR LOCATION <u>Cartage</u>	
20g. COUNTY <u>Jasper</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>3/8/57</u> to <u>1/10/59</u> and last saw her alive on <u>1-10-59</u> Death occurred at <u>4:35</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles L. Isaac</u>		22b. ADDRESS <u>Cartage, Missouri</u>	
22c. DATE SIGNED <u>1-12-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-15-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bank Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cartage, Missouri</u>	
24. FUNERAL DIRECTOR <u>Wm. J. J. J. J.</u>		25. DATE RECD. BY LOCAL REG. <u>1-13-59</u>	
26. REGISTRAR'S SIGNATURE <u>W. J. J. J.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

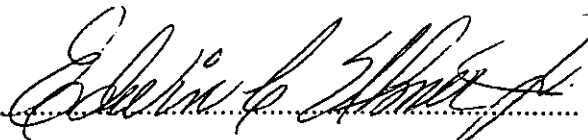
FEB 5 1953

JAN 27 1953

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 

Licensed Embalmer No. 4235

P. O. Address Portland, Ore.

-- 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.