

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009064
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lebanon</i> ⁵³⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Budge Hosp.</i>		Length of stay in lb <i>3 days</i>	d. STREET ADDRESS (If outside, give location) <i>Brice Route</i>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Vernon Albert Hudson</i>			4. DATE OF DEATH Month Day Year <i>March 25, 1959</i>	
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5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 23, 1959</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>3</i>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Lebanon Mo. U. S. A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Obia Hudson</i>	13b. MOTHER'S MAIDEN NAME <i>Vada Storm</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Obia Hudson</i>	Address <i>Lebanon Brice Rt. No. 7735</i>
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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) <i>Respiratory Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
DUE TO (b) <i>Expansion</i>		
DUE TO (c) <i>Prematurity</i>		
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.	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
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21. I attended the deceased from Death occurred at <i>3/23/59</i> to <i>3/25/59</i> and last saw ^{her} him alive on <i>3/25/59</i> <i>1:45 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>E. L. Lane Jr. M.D.</i>	22b. ADDRESS <i>609 Cherry Springfield Mo</i>	22c. DATE SIGNED <i>3/26/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3/26/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Baller Cemetery Near Lebanon Mo.</i>	23d. LOCATION (City, town, or county) (State) <i>Lebanon Mo.</i>
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24. FUNERAL DIRECTOR <i>Dorsey Howe</i>	ADDRESS <i>Lebanon Mo</i>	25. DATE RECD. BY LOCAL REG. <i>3-27-59</i>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>
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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 *No Embalming*....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Dorsey M. Howe*.....

Licensed Embalmer No. *4222*.....
P. O. Address *Letranon, V*.....

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.