

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009994  
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <i>Laclede</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>Lebanon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lebanon</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wallace Hosp.</i>		Length of stay in 1b <i>2 hrs</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 Gilbert Hudson</i>			4. DATE OF DEATH Month Day Year <i>March 23, 1959</i>			
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5. SEX <i>Male</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) IF UNDER 1 YEAR Months Days Hours Min. <i>2</i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (City and state or country) <i>Lebanon, Mo.</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 Rd</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>Prematurity (6 Month Fetus)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
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"/> <i>None</i>	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 <i>Lebanon, Mo</i>	COUNTY <i>Laclede</i>	STATE <i>Mo</i>
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21. I attended the deceased from Death occurred at <i>4 A.M.</i> <i>3/23/59</i> , to <i>3/23/59</i> and last saw her/him alive on <i>7 AM 3-23-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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21a. SIGNATURE <i>Dr. Z. D. Shee</i>	(Degree or title) <i>MD</i>	22a. ADDRESS <i>Lebanon, Mo</i>	22c. DATE SIGNED <i>3/24/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3/24/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Belle Cemetery near Lebanon Mo.</i>	23d. LOCATION (City, town, or county) <i>Lebanon Mo.</i>
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24. FUNERAL DIRECTOR <i>Bersey Howe</i>	ADDRESS <i>Lebanon Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-24-1959</i>	26. REGISTRAR'S SIGNATURE <i>Hella S. Gray</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 Lebanon, Vt.

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.