

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012475

STATE FILE NUMBER

APR 20 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 926 North Second		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 926 N. Second
3. NAME OF DECEASED (Type or print) First Middle Last Maudie May Hudson			4. DATE OF DEATH Month Day Year March 29, 1959
5. SEX Female	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 Feb. 7, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
11. BIRTHPLACE (City and state or country) Bernie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Tom Tucker		13b. MOTHER'S MAIDEN NAME Annie Jennett Jordan	
14. NAME OF HUSBAND OR WIFE Wm. 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. Unknown		17. INFORMANT Address Wm. Hudson, Poplar Bluff, Mo.	
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>Carcinoma of Cervix with Metastasis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>11 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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"/>		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 <i>12-26-59</i> to <i>Death</i> and last saw her alive on <i>3-23-59</i> Death occurred at <i>12:25 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Eugene T. Hunsbrough M.D.</i>		22b. ADDRESS <i>623 Pine Blvd Poplar Bluff, Mo</i>	22c. DATE SIGNED <i>4-5-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>3-31-59</i>	23c. NAME OF CEMETERY OR CREMATION <i>City Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Poplar Bluff, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Frank-Cotrell Poplar Bluff, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4/11/59</i>	26. REGISTRAR'S SIGNATURE <i>R. M. Mueser</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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles E. Mudge*

Licensed Embalmer No. *4877*
P. O. Address *Poplar Bluff*

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.