Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016730
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1800 High. 40 W. — Length of stay in Hospital: instant

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN Marvin Terrace — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 9220 Leenora — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First HAROLD Middle FINCS Last Hudson
4. DATE OF DEATH Month MAY Day 23 Year 1959
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH July 23, 1927
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY Hudson Van Stores
11. BIRTHPLACE (City and state or country) Overland, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Finis B. Hudson
13b. MOTHER'S MAIDEN NAME Fannie Workman
14. NAME OF HUSBAND OR WIFE Alice Hudson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 488-26-0548
17. INFORMANT Alice Hudson Address 9220 Leenora

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) EXTENSIVE BURNS — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) AIR PLANE CRASH — "
DUE TO (c) 866X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 39
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT X SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was severely burned in an aircraft accident 118
20c. TIME OF INJURY Hour 12 45 a.m. p.m. Month, Day, Year May 23, 1959
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) OPEN FIELD
20f. CITY, TOWN, OR LOCATION Columbia COUNTY Boone STATE Missouri

21. I attended the deceased from CORONER'S CASE and last saw her/him alive on ___
Death occurred at 12 45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Vincent P Perna (Degree or title) MD Coroner
22b. ADDRESS Univ. of Missouri Med. Center
22c. DATE SIGNED 23 May 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/25/59
23c. NAME OF CEMETERY OR CREMATORY Overland Cemetery
23d. LOCATION (City, town, or county) (State) Overland, Missouri

24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE REC'D. BY LOCAL REG. May 23 1959
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(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.

JUN 2 1981

JUN 30 1989

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

~~Signed~~ .....

Licensed Embalmer No. 4015

P. O. Address Columbia, M

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.