

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031669

FILED VS OCT 5 1959

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auglize		Length of stay in 1b	c. CITY OR TOWN Montreal		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Montreal Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rural Route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle David Last Fudge			4. DATE OF DEATH Month Sept. Day 25- Year 1959			
5. SEX Male	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 11-17-05	9. AGE (last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Camden County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charlie Fudge		13b. MOTHER'S MARDEN NAME Delia Gouge		14. NAME OF HUSBAND OR WIFE Jessie Fudge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Mrs Jessie Fudge, Montreal 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) Medullary Failure & Embolic Encephalomalacia					INTERVAL BETWEEN ONSET AND DEATH few hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Myocardial Infarction					few hours	
DUE TO (c) Phlebothrombosis from Head injury.					2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 a.m. p.m.	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 333		
21. I attended the deceased from at death , to _____ and last saw her/him alive on 9/25/59		Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Kenneth E. Wisthem D.O.			22b. ADDRESS Camdenton, Mo.		22c. DATE SIGNED 9/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept, 27-1959	23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		23d. LOCATION (City, town, or county) Camden County, Mo.		
24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 27-1959	26. REGISTRAR'S SIGNATURE Zilpha J. Draw.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3961 0 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden

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.