

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011610

FILED VS APR 11 1960

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Knox			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		Length of stay in 1b 15 yrs	c. CITY OR TOWN Edina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 		
3. NAME OF DECEASED (Type or print) First CHARLES Middle SYLVESTER Last HUDSON			4. DATE OF DEATH Month Mar Day 30 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10 Feb 1879	9. AGE (last birthday) 80 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming=County Judge			10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) Knox County		
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Samuel Taylor Hudson			
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Parsons			14. NAME OF HUSBAND OR WIFE Cora V. 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. none	17. INFORMANT Address Mrs. Charles S. Hudson Edina, 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) Sepsis & Terminal Pneumonia DUE TO (b) Thrombotic Encephalomalacia & Cerebral Hemorrhage DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 	
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 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 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 		COUNTY STATE 		
21. I attended the deceased from 1958 to March 30 and last saw ^{her} him live on March 30, 1960 Death occurred at 2:50 A.m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE C. H. Gibson (Degree or title)			22b. ADDRESS Edina, Mo.		22c. DATE SIGNED 3-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1 Apr '60	23c. NAME OF CEMETERY OR CREMATORY Bee Ridge Cemetery		23d. LOCATION (City, town, or county) Knox County Mo		
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME ADDRESS Edina Mo.			25. DATE RECD. BY LOCAL REG. April 6-60	26. REGISTRAR'S SIGNATURE Nelle L. Hummel		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1960

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 AL Primer

Licensed Embalmer No. 504

P. O. Address China, Pa.

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.