

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030250

FILED VS SEP 6 1960

STATE FILE NUMBER

Register District No. 128 Primary Registration District No. 2000 Registrar's No. 894

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 4 WEEKS		c. CITY OR TOWN ASH GROVE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) S. E. PART TOWN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle ALBERTUS Last HUDGINGS			4. DATE OF DEATH Month AUGUST Day 25 Year 1960				
5. SEX Male	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3 29 1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RURAL MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY MISSOURI		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME R. E. HUDGINGS		13b. MOTHER'S MAIDEN NAME CORDELIA WILSON		14. NAME OF HUSBAND OR WIFE DELL HUDGINGS			
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 GEORGE SMALL ASH GROVE 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) Carcinoma of the urinary bladder with metastases						INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
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)					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 _____ 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		COUNTY STATE	
21. I attended the deceased from 7-29-60 to 8-25-60 and last saw her alive on 8-25-60	Death occurred at 6:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deceased or Title) <i>Walter G. Sideloff M.D.</i>			22b. ADDRESS 609 Cherry Street Springfield 4, Mo.			22c. DATE SIGNED 8-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 28 1960	23c. NAME OF CEMETERY OR CREMATORY ASH GROVE CEMETERY		23d. LOCATION (City, town, or county) ASH GROVE MISSOURI			
24. FUNERAL DIRECTOR <i>W. B. Rich</i> ASH GROVE MO.		25. DATE RECD. BY LOCAL REG. 9-2-60	26. REGISTRAR'S SIGNATURE <i>Effie S. Meeters</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 11 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 Richard E. War

Licensed Embalmer No. 465

P. O. Address Ash Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.