URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031526
STATE FILE NUMBER

FILED VS AUG 24 1960

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 101

ENDED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry
c. CITY OR TOWN Perryville
Inside Limits: Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location) Rte. 5
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Jesse Middle: Van Last: Hudson

4. DATE OF DEATH Month: 8 Day: 15 Year: 60

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-12-81

9. AGE (last birthday): 79

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): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Perry County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Hudson

13b. MOTHER'S MAIDEN NAME: Olive Gibbler

14. NAME OF HUSBAND OR WIFE: Theresa A. Holland

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.: None

17. INFORMANT: Howard Hudson, St. Marys, Mo.
Address

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) Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Mo
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.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3-28-58 to 8-15-60 and last saw her/him alive on 8-15-60
Death occurred at 9:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.

22b. ADDRESS Perryville, Mo.

22c. DATE SIGNED 8-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-20-1960

23c. NAME OF CEMETERY OR CREMATORY: Cedar Fork Cem.

23d. LOCATION (City, town, or county) (State): Cedar Fork, Mo.

24. FUNERAL DIRECTOR: Young & Sons
ADDRESS: Perryville Mo

25. DATE RECD. BY LOCAL REG.: 8-19-60

26. REGISTRAR'S SIGNATURE: Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wallace J Young

Signature of Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryvi

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