RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

-60-038738
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 486

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b 38 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jasper
c. CITY OR TOWN Joplin
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1608 Moffet Avenue
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ~~OTTIS~~ OTIS Middle D. Last HUDSON
4. DATE OF DEATH Month October Day 13, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-28-1888
9. AGE (last birthday) 72
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) Post Office Clerk
10b. KIND OF BUSINESS OR INDUSTRY Post Office
11. BIRTHPLACE (City and state or country) ~~Rogers~~ HARRISON, Arkansas
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fountain Hudson
13b. MOTHER'S MAIDEN NAME Mary Qualls
14. NAME OF HUSBAND OR WIFE Maye Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#1
16. SOCIAL SECURITY NO.
17. INFORMANT Address Joplin, Mo.
Mrs. Maye Hudson, 1608 Moffet Ave.,

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 Prostate — INTERVAL BETWEEN ONSET AND DEATH 2 years
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)
Arteriosclerotic Heart Disease
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 6-27-60, to 10-13-60 and last saw ~~him~~ alive on 10-13-60
Death occurred at 7:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. K. Weemann M.D. (Degree or title)
22b. ADDRESS 301 Medical Arts Bldg. Joplin,
22c. DATE SIGNED 10-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-15-1960
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon
ADDRESS Mortuary Joplin, Mo.
25. DATE RECD. BY LOCAL REG. 10-14-1960
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 20 1960

OCT 24 1960

NOV 15 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David Dillon

Signature of Student Embalmer

Licensed Embalmer No. 3896

P. O. Address Joplin,

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