

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009634

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 4294 Registrar's No. 1

AMENDED

1. PLACE OF DEATH **FILED VS MAR 15 1961**
 a. COUNTY Lincoln
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silex Length of stay in 1b 1 year
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beck Rest Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Pike
 c. CITY OR TOWN Eolia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RFD # 2 Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last RACHEL LEONA MUDD
 4. DATE OF DEATH Month Day Year Feb. 15 1961
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7 20 1877 9. AGE (last birthday) 83 IF UNDER 1 YEAR Months 6 Days 25 IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) Howell County, Mo. 12. CITIZEN OF WHAT COUNTRY US
 13a. FATHER'S NAME Stephen Eveland 13b. MOTHER'S MAIDEN NAME Mary Ann Spears 14. NAME OF HUSBAND OR WIFE Curtis Mudd
 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 Curtis Mudd, Eolia, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
 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 Jan-12-1961 to Feb 8-1961 and last saw her ^{her} _{man} alive on Feb 8-1961
 Death occurred at 5 A-M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. M. Penn - M.D. 22b. ADDRESS Silex Mo. 22c. DATE SIGNED 2-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-17-1961 23c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery 23d. LOCATION (City, town, or county) (State) Eolia, Mo.

24. FUNERAL DIRECTOR J.O. Mudd ADDRESS Silex, Mo. 25. DATE RECD. BY LOCAL REG. 2/18/1961 26. REGISTRAR'S SIGNATURE Mrs. Clarence Kintz

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James P. Mudd

Licensed Embalmer No. 4152

P. O. Address Beverly Cree

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.