

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013513

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

97

STATE FILE NUMBER

FILED APR 24 1961

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE

Missouri

b. COUNTY

Henry

c. CITY

OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

325 N Second St

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

GRACE L HUDSON

## 4. DATE OF DEATH

April 16 1961

## 5. SEX

Female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-7-1899

## 9. AGE (last birthday)

64

## 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)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

none

## 11. BIRTHPLACE (City and state or country)

Dayton Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Luther Huff

## 13b. MOTHER'S MAIDEN NAME

Julia Smith

## 14. NAME OF HUSBAND OR WIFE

Charles E 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.

496-24-5289

## 17. INFORMANT

Chas. E Hudson

## Address

Clinton 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)

Acute Congestive Failure

## INTERVAL BETWEEN ONSET AND DEATH

15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arterial sclerotic heart disease

8 yrs.

## 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 ☐ Unknown19. 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.

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

4-13-61

to death

and last saw her alive on 4-16-61

## Death occurred at

3:40

7

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Doctor or title)

Carroll R. Wetzel, M.D.

## 22b. ADDRESS

Clinton Mo.

## 22c. DATE SIGNED

4-16-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-18-61

## 23c. NAME OF CEMETERY OR CREMATORY

Belton

## 23d. LOCATION (City, town, or county)

Belton

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Schaberg Funeral Home  
Clinton, Missouri

## 25. DATE RECD. BY LOCAL REG.

April 17, 1961

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1961

APR 19 1962

**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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton

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.