

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016323

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. — Registrar's No. 142

RECEIVED

FILED MAY 29 1961

| | | | |
|---|--|---|------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Adair | | a. STATE Mo. | b. COUNTY Adair |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nineveh Township | | c. CITY OR TOWN Kirksville | |
| Length of stay in 1b yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Rt. # 6 App. 6 Mi. W, US #63 | | d. STREET ADDRESS (If outside, give location) 708 W. Filmore | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | | | |
|-------------------------------------|-------------------|--------------------|--------------------|------------------|------------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First JOHN | Middle WADE | Last HUDSON | 4. DATE OF DEATH | Month May | Day 18 | Year 1961 |
|-------------------------------------|-------------------|--------------------|--------------------|------------------|------------------|---------------|------------------|

| | | | | | | |
|--|-------------------------------|--|---|--|-----------------|----------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 10/Nov/20 | 9. AGE (last birthday) 40 | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Sign Construction | 11. BIRTHPLACE (City and state or country) Hamburg, Iowa | 12. CITIZEN OF WHAT COUNTRY U S | | |

| | | |
|---|--|---|
| 13a. FATHER'S NAME Samuel Hudson | 13b. MOTHER'S MAIDEN NAME Emma Wooten | 14. NAME OF HUSBAND OR WIFE Jean Hudson (Div.) |
|---|--|---|

| | |
|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | 17. INFORMANT Address Emma Hudson McClelland, Sidney, Iowa |
|---|---|

| | |
|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Broken Neck due to auto accident, car overturned, head and neck was wedged between the roof of the car and the ground | minutes |
| 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"/> N. <input type="checkbox"/> Unknown |
|---|---|

| | | |
|--|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) car was traveling W. on Mo. Rt. # 6 App. 6 mi. W. of US # 63 missed a curve, |
|--|--|--|

| | | |
|----------------------------------|--------------------------------------|---|
| 20c. TIME OF INJURY 9:10p | Month, Day, Year xxx18/May/61 | traveled about 105 feet from the roadway down an embankment coming to rest on its top. |
|----------------------------------|--------------------------------------|---|

| | | |
|---|---|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. State Rt. # 6 | 20f. CITY, TOWN, OR LOCATION Nineveh Twms. Adair, Co. Mo. |
|---|---|--|

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at **App. 9:10p** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|-------------------------------------|-----------------------------------|
| 22a. SIGNATURE Nov E. Foster (Degree or title) Coroner Adair Co. Mo. | 22b. ADDRESS Kirksville, Mo. | 22c. DATE SIGNED 19/May/61 |
|--|-------------------------------------|-----------------------------------|

| | | | |
|---|----------------------------|--------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 22/May/61 | 23c. NAME OF CEMETERY Hamburg | 23d. LOCATION (City, town, or county) (State) Hamburg, Fremont, Iowa |
|---|----------------------------|--------------------------------------|---|

| | | | |
|---|--------------------------------|--|---|
| 24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo. | ADDRESS Kirksville, Mo. | 25. DATE RECD. BY LOCAL REG. May 20, 1961 | 26. REGISTRAR'S SIGNATURE Doris W. Ratliff |
|---|--------------------------------|--|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. STENOGRAPHER

JUN 13 1961

JUN 1 1961

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

Prop. E. Foster
Signed

Licensed Embalmer No. 4742
P. O. Address Ferrell, Pa.

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.