

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028182

STATE FILE NUMBER

AMENDED

FILED AUG 23 1961 Primary Registration District No. 6234 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkhorn township		Length of stay in 1b 10 minutes	c. CITY OR TOWN Troy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Highway 40 2 mi. west of Warrenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #1
3. NAME OF DECEASED (Type or print) First Carl Middle Woodrow Last Dudley		4. DATE OF DEATH Month July Day 30 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1925
9. AGE (last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Troy, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Parks W. Dudley	
13b. MOTHER'S MAIDEN NAME Ella Lester		14. NAME OF HUSBAND OR WIFE Juanita Dudley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs. Carl Dudley, R.R.1, Troy, 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) Crushed chest multiple Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cuts and fractures. DUE TO (c) (Inquest Pending)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Youngest in West bound train -			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.) Head on Collision with another moving auto.	
20c. TIME OF INJURY Hour 7-30-AM Month, Day, Year 7-30-61	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.) State Highway no 40 West of Warrenton	20f. CITY, TOWN, OR LOCATION Warren Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F.H. Knigge D.C. Coroner Warrenton Mo		22b. ADDRESS Warrenton Mo	22c. DATE SIGNED 7/31-1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-1-61	23c. NAME OF CEMETERY OR CREMATORY Thorn Hill Cemetery	23d. LOCATION (City, town, or county) Lincoln County, Mo.
24. FUNERAL DIRECTOR McCoy Funeral Home, Troy, Mo.		25. DATE RECD. BY LOCAL REG. 7-31-61	26. REGISTRAR'S SIGNATURE Floyd Logan

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1961

AUG 7 1961

OCT 25 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

Signed John D. Embley

Licensed Embalmer No. 12653

P. O. Address St. Louis, Mo.

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.