

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-035314
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED **FILED SEP 27 1961** Registration District No. **317** Primary Registration District No. **500** Registrar's No. **2650**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		a. STATE ILLINOIS b. COUNTY GREENE		c. CITY OR TOWN ROODHOUSE	
Length of stay in 1b 25 DAYS		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 202 WEST PALM STREET		Inside Limits Reside on Farm	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First WILLIAM		Middle H.		Last HUDSON		Month SEPTEMBER Day 19 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 3-18-90	9. AGE (last birthday) 71	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) PATTERSON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES HUDSON			13b. MOTHER'S MAIDEN NAME MOLLIE FRYE		14. NAME OF HUSBAND OR WIFE HELEN HUDSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN		17. ^{INFORMANT} HELEN HUDSON (WIFE) ^{Address} 202 W Palm Roodhouse, Illinois			
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) ARTERIOSCLEROTIC HEART DISEASE						1 YR	
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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 V.A. 8-25-61 to 9-19-61		Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE CASIMIR MOGENIS, M.D. (Degree or title)				22b. ADDRESS US VET ADM HOSP, EFF BRKS, MO.		22c. DATE SIGNED 9-19-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-20-61	23c. NAME OF CEMETERY OR CREMATORY Edward Cem		23d. LOCATION (City, town, or county) Greene Co. Ill.		(State)
24. FUNERAL DIRECTOR Mackey		ADDRESS Roodhouse, Ill		25. DATE RECD. BY LOCAL REG. 9-20-61	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.		

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 Frank Probst

Licensed Embalmer No. 4356

P. O. Address Andrews 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.