SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037397
STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 212

FILED NOV 2 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural JACKSON
Length of stay in 1b: All of life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1, Diamond
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Rural
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1, Diamond
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JESS Middle: Last: HUDSON
4. DATE OF DEATH Month: October Day: 25 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-15-1906
9. AGE (last birthday): 55
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): Foreman- Cupples Div.
10b. KIND OF BUSINESS OR INDUSTRY: Eagle-Picher Co.
11. BIRTHPLACE (City and state or country): Neosho, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Hudson
13b. MOTHER'S MAIDEN NAME: Mary Pflug
14. NAME OF HUSBAND OR WIFE: Margaret Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Mrs. Margaret Hudson, Rt. 1, Diamond

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 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. ☐ 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 10/25/61 to 10/25/61 and last saw her/him alive on 9/20/61
Death occurred at 5:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles H. Schell, M.D. (Degree or title)
22b. ADDRESS 1515 Hazel, Carthage, Mo.
22c. DATE SIGNED 10/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-28-61
23c. NAME OF CEMETERY OR CREMATORY: King
23d. LOCATION (City, town, or county) (State): Newton County Mo.

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG.: 10-28-61 10-28-61
26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MAR 15 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. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.