

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041643

Registration District No. 385 Primary Registration District No. 3089 Registrar's No. 103

STATE FILE NUMBER

<p>FILED DEC 12 1961</p>		<p>1. PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY <u>Linn</u></p>		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bucklin, Mo.</u></p>		<p>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At the home of Mr. R. Burris</u></p>		<p>Length of stay in lb <u>Life time</u></p>		<p>c. CITY OR TOWN <u>Bucklin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>M.</u> Last <u>Hudnut</u></p>		<p>4. DATE OF DEATH Month <u>December</u> Day <u>2</u> Year <u>1961</u></p>		<p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>5. SEX <u>Male</u></p>		<p>6. COLOR OR RACE <u>White</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>Aug. 22, 1877</u></p>		<p>9. AGE (last birthday) <u>84</u></p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR. Months <u>3</u> Days <u>10</u> Hours <u></u> Min. <u></u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stanta Fe R. Labor</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>"Retired"</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Cincinnati, Ohio</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>Elijah Hudnut</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Laura Ruddicle</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>17. INFORMANT Address <u>Mrs. Helen Burris, Bucklin, Missouri</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Mary L. Hudnut (Deceased)</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>		<p>IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>DUE TO (b) <u>coronary thrombosis</u></p>			
		<p>DUE TO (c) <u>arteriosclerosis</u></p>			
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u></p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u></p>	
<p>20f. CITY, TOWN, OR LOCATION <u>Bucklin</u> COUNTY <u></u> STATE <u></u></p>		<p>21. I attended the deceased from <u>12-2-61</u> to <u>12-2-61</u> and last saw him alive on <u>12-2-61</u></p>		<p>Death occurred at <u>12:05 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>B. A. Umelless M.D.</u></p>		<p>22b. ADDRESS <u>Bucklin Mo</u></p>		<p>22c. DATE SIGNED <u>12-4-61</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Dec. 4, 1961</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Bucklin, Missouri</u></p>		<p>24. FUNERAL DIRECTOR <u>Larson Funeral Service, Bucklin, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>December 4, 1961</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Anna Watson</u></p>					

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9722

DEC 22 1967

DEC 22 1967

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.