

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002808

STATE FILE NUMBER

AMENDED

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 76

FILED JAN 29 1962

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Montgomery</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Wellsville</u>                  |  | Length of stay in 1b  | c. CITY OR TOWN <u>Wellsville</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>210 1/2 W. Hudson</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>210 1/2 W. Hudson</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Fredrick</u> Middle <u>M.</u> Last <u>Hudlin</u> |  |  | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>21</u> Year <u>1962</u> |  |  |
|--|--|--|--|--|--|

|                       |                                  |   |  |                                     |   |  |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 28, 1887</u> | 9. AGE (last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>23</u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Brick Plant</u> | 11. BIRTHPLACE (City and state or country)<br><u>Neosho, Mo</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
|--|---|---|--|

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME<br><u>unknown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u> | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

|   |                         |  |         |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><u>Mrs. Floyd Debo, Wellsville, Mo.</u> | Address |
|---|-------------------------|--|---------|

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| 18. CAUSE OF DEATH (Enter only one cause by line for PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)) |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Pneumonia in both lungs -</u>   |  | <u>3 days</u>                    |
| DUE TO (b) <u>inflammation</u>   |  | <u>5 days</u>                    |
| DUE TO (c)   |  |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year |
|---|------------------|

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|--|--|--|
| 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<br>COUNTY STATE |
|--|--|--|

21. I attended the deceased from 1-19-62 to 1-20-62 and last saw him alive on 1-20-62  
Death occurred at Wellsville 1-20-62-10A on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                   |   |                                    |
|--|-------------------|---|------------------------------------|
| 22a. SIGNATURE<br><u>Willis H. Wallcut Jr.</u> | (Degree or title) | 22b. ADDRESS<br><u>Wellsville, Mo -</u> | 22c. DATE SIGNED<br><u>1-22-62</u> |
|--|-------------------|---|------------------------------------|

|  |                                   |   |  |         |
|--|-----------------------------------|---|--|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Jan. 23, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wellsville</u> | 23d. LOCATION (City, town, or county)<br><u>Wellsville, Mo</u> | (State) |
|--|-----------------------------------|---|--|---------|

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| 24. FUNERAL DIRECTOR<br><u>Howard F. Myers, Wellsville, Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>1-22-1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Laura B Callaway</u> |
|--|--|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

FEB 1 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 Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville 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.