

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027778

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 140

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED JUL 16 1962</p> <p>1. PLACE OF DEATH</p>		<p>a. COUNTY <u>Livingston</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u></p>		<p>Length of stay in lb <u>Life</u></p>		<p>c. CITY OR TOWN <u>Chillicothe</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS <u>20 Jackson St</u> (If outside, give location)</p>	
<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>3. NAME OF DECEASED (Type or print)</p> <p>First <u>NANNIE</u> Middle <u>MAY</u> Last <u>HUDGINS</u></p>		<p>4. DATE OF DEATH</p> <p>Month <u>July</u> Day <u>4</u> Year <u>1962</u></p>	
<p>5. SEX <u>Female</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>1-13-1879</u></p>		<p>9. AGE (last birthday) <u>83</u></p>		<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Livingston Co., Mo.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>		<p>13a. FATHER'S NAME <u>James K Hudgins Rockhold</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Cynthia Jane Hedrick</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>(Deceased)</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>16. SOCIAL SECURITY NO. <u>None</u></p>	
<p>17. INFORMANT <u>Mooresville</u> Address <u>Mo.</u></p> <p><u>Mrs. Samuel McCreary (Daughter)</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>PART I. DEATH WAS CAUSED BY:</p>		<p>IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u></p>		<p><u>48 hrs</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>DUE TO (b) <u>Intestinal Adhesions</u></p>		<p><u>1 yr</u></p>	
<p>DUE TO (c)</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><u>chronic myocarditis + hypertension</u></p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>9:20 PM</u> Month, Day, Year <u>6-30-62</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.)</p>	
<p>20f. CITY, TOWN, OR LOCATION <u>Chillicothe Mo</u></p>		<p>20g. COUNTY <u>Livingston</u></p>		<p>20h. STATE <u>Missouri</u></p>	
<p>21. I attended the deceased from <u>6-30-62</u> and last saw her <u>7-4-62</u> alive on <u>7-4-62</u></p> <p>Death occurred at <u>9:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22a. SIGNATURE <u>T. L. Meloy</u> (Degree or title) <u>D.O.</u></p>		<p>22b. ADDRESS <u>Chillicothe Mo</u></p>	
<p>22c. DATE SIGNED <u>7-7-62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>7-6-62</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Utica, Missouri</u></p>		<p>(State)</p>	
<p>24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>July 6, 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u></p>	

USE BLACK INK
OR
TYPEWRITER RIBBON

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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 Richard W. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, 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.