

## STANDARD CERTIFICATE OF DEATH

State File No. 34563

**FILED OCT 24 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>1204 S. Lanning</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>1204 S. Lanning</u>	
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		c. (Last) <u>Hudson</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 8, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE (In years last birthday) <u>79</u>	9. AGE (In years last birthday) <u>79</u>
11. BIRTHPLACE (State or foreign country) <u>Cole's Store - Perry Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Simmons</u>	
14. NAME OF HUSBAND OR WIFE <u>Nell Hill Hudson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nell Hill Hudson</u> ADDRESS <u>Sedalia, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Uteral Ulcer incompetency</u> <u>25 years</u>	
DUE TO (c) <u>Physical strain</u>		DUE TO (c) <u>Paralysis Agitans</u> <u>3 yrs.</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 11, 1951</u> , to <u>Oct 16, 1951</u> , that I last saw the deceased alive on <u>Oct 16, 1951</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edwin R. Holbert D.O.</u> (Degree or title)		23b. ADDRESS <u>1204 S. Lanning Sedalia Mo</u>	
23c. DATE SIGNED <u>Oct 16, 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-18-1951</u>		24c. NAME OF CEMETERY <u>Tipton Masonic Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richard</u> ADDRESS <u>Tipton Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/18/51</u>		REGISTRAR'S SIGNATURE <u>Edwin R. Holbert</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

**RECEIVED** OCT 23 1951  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed OCT 23 1951

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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.

Signed.....  
Student Embalmer

Signed James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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 this body is not embalmed, fact should be so stated above.