

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18437

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5515 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Rural - Shawnee c. LENGTH OF STAY (in this place) 5 yrs

c. CITY OR TOWN Huntingdale d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Shawnee Hosp. 10 miles north of Clinton

f. STREET ADDRESS (If rural, give location) Shawnee twsp. 10 mi. N. of Clinton

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Melinda c. (Last) Hudgens 4. DATE OF DEATH (Month) (Day) (Year) June 28, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH August 26, 1894 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Osceola, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sigmund Bonner

13b. MOTHER'S MAIDEN NAME Elizabeth Chastain

14. NAME OF HUSBAND OR WIFE Ruben Doyle Hudgens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruben Hudgens Huntingdale, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA STOMACH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 151X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

19a. DATE OF OPERATION 5 MAR. 1955 19b. MAJOR FINDINGS OF OPERATION CARCINOMA STOMACH & METASTASIS 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from FEB. 10, 1955, to 28 JUNE, 1955, that I last saw the deceased alive on 11 JUNE, 1955, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD 23b. ADDRESS Clinton, Mo 23c. DATE SIGNED 30 June 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 1 1955 24c. NAME OF CEMETERY OR CREMATORY Englewood 24d. LOCATION (City, town, or county) (State) Clinton, Missouri

DATE REC'D BY LOCAL REG. June-30-55 REGISTRAR'S SIGNATURE Florence Adams 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Consalus Clinton, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Eugene R. Cousalm*.....

Licensed Embalmer No...46...

P. O. Address...Clinton

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.