

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39706

State File No. ....

FILED JAN 9 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1395

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>Most of life</u>	c. CITY OR TOWN <u>St. Joseph</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pilcher Hotel 405 So. 6th St.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>Pilcher Hotel 405 South 6th St.</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ARLIE</u>	b. (Middle) <u>J</u>	c. (Last) <u>JUDSON</u>	(Month) <u>Dec.</u>	(Day) <u>30</u>	(Year) <u>1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 31, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfax, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
---	--	---	---

13a. FATHER'S NAME <u>Urbane Judson</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Noggle</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie (Divorced)</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.#1</u>	16. SOCIAL SECURITY NO. <u>507-01-7219</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Louisa Norcross</u>	ADDRESS <u>Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute alcoholism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>death certificate signed as</u> DUE TO (c) <u>an unattended death in city</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of St Joseph, Mo. 3220</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)	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 12-30, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I found her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard D. Magnus M.D. assistant city health officer</u>	(Degree or title)	23b. ADDRESS <u>1218 N 3rd St. City</u>	23c. DATE SIGNED <u>1-3-56</u>
--	-------------------	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksdale Missouri</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	--	-----	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1962

1956

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.....  
*Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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.