

**ENDED**

Registration District No.

Primary Registration District No. \_\_\_\_\_

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Canton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway # 61</u>		d. STREET ADDRESS (If outside, give location) <u>704 Washington</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Andrew Hudson</u>		4. DATE OF DEATH Month Day Year <u>June 2, 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-2-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman, Dept. Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock feed Co.</u>	11. BIRTHPLACE (City and state or country) <u>Newark, Mo.</u>
13a. FATHER'S NAME <u>John A. Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Erena Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Diamond E. Porter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-26-8506</u>	17. INFORMANT <u>Mrs. W. A. Hudson, Canton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Aorta artery</u> DUE TO (b) <u>Crushed clavical, broken ribs</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car wreck</u>	
20c. TIME OF INJURY Hour <u>1:15</u> Minute <u>15</u> Month, Day, Year p.m. <u>6-2-1960</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>La Grange, Lewis Co., Mo.</u>	COUNTY	STATE
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Earl H. Barkley, Coroner</u>	(Degree or title)	22b. ADDRESS <u>Canton, Mo.</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Recent Years</u>	23d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Earl H. Barkley, Canton, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>

(Licensed Embalmer's Statement on Reverse Side)

(Licensed Embalmer's Statement on Reverse Side)

**DOCUMENT**

## MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Earl H. Buckley*

Licensed Embalmer No. 2615

P. O. Address Canton, 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.