

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**66 0010569**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED MAR 21 1966</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb <u>3 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Henry</u> c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RR # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>3. NAME OF DECEASED</b> First <u>Lester</u> Middle <u>B</u> Last <u>Hudson</u>	
<b>4. DATE OF DEATH</b> Month <u>March</u> Day <u>15</u> Year <u>1966</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>
<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Aug 27, 1881</u>
<b>9. AGE (last birthday)</b> <u>84</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (City and state or country) <u>Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Martin D. Hudson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah E. Crow</u>
<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b>
<b>17. INFORMANT</b> Address <u>Mrs Zelma Gray Calhoun, Mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of lungs</u> DUE TO (b) <u>Adenocarcinoma of prostate</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumothorax, left</u>	
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>1945</u> to <u>3/15/66</u> and last saw him alive on <u>3/15/66</u> Death occurred at <u>6:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Degree or title) <u>S. B. Hughes, M.D.</u>	<b>22b. ADDRESS</b> <u>Clinton, Mo.</u>
<b>22c. DATE SIGNED</b> <u>3/17/66</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>3/17/1966</u>
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calhoun cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Calhoun Missouri</u>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Sickman-Dunning F H Clinton, Mo</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-17-66</u>
<b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>	

VS 300 Rev. 4/59  
 1 0425  
 2 0420  
 3  
 4 0  
 5 2  
 6  
 7 0  
 8 2  
 9 777X  
 10  
 11  
 12 1-0  
 13 1-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

0230 100-32

MAR 31 1966

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 Sheldon J. Friedman

Licensed Embalmer No. 5342

P. O. Address Clinton, 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.

Permit Obtained 3-17-66 (MS)