

No. 300  
10-48

State File No. **11795**

**STANDARD CERTIFICATE OF DEATH**

*Dec. 31, 1949 - Mrs. Maude Hudson*  
 BIRTH NO. *225* DIST. NO. *225* PRIMARY REG. DIST. NO. *4335* Registrar's No. *18*

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Moniteau</b> b. CITY OR TOWN <b>Tipton</b> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. H.C. Hume Office</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b> c. CITY OR TOWN <b>Rural, Mill Creek</b> d. STREET ADDRESS (If rural, give location) <b>4 Miles West Fortuna</b>		
<b>3. NAME OF DECEASED</b> a. (First) <b>John</b> b. (Middle) <b>B.</b> c. (Last) <b>Devine</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>9/12/49</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>January, 9, 1889</b>	<b>9. AGE</b> (In years last birthday) <b>60</b> IF UNDER 1 YEAR: Months Days IF UNDER 6 WKS: Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Morgan County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Henry Devine</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Box</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Sallie R. Devine</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>--</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Sallie R. Devine, Fortuna, Mo</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> <b>Died in my Office</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>Chronic</b> <b>7/201</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>X</u>, 19<u>49</u>, to <u>9/12/49</u>, 19<u>49</u>, that I last saw the deceased alive on <u>9/12</u>, 19<u>49</u>, and that death occurred at <u>11:30 Am.</u>, from the causes and on the date stated above.             </b>				
<b>23a. SIGNATURE</b> (Degree or title) <i>J.C. Hume M.D.</i>		<b>23b. ADDRESS</b> <b>Tipton, Missouri</b>	<b>23c. DATE SIGNED</b> <b>9/12/49</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>9/15/49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Masonic Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Tipton, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>9-13-49</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. Maude Hudson</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>J.C. Hume - Tipton, Mo.</i>		

JAN 10 1950

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 me

Student Embalmer No. ....

working under my personal supervision.

Signed .....  
Student Embalmer

Signed James E. Richard  
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.