S. No. 300
EV. 10.48

1550
0

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

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41384

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 408

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
c. LENGTH OF STAY (In this place): 191 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan
d. STREET ADDRESS (If rural, give location): Route 5

1100
1

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Nelson
c. (Last): Studdard

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 7, 1934
9. AGE (In years last birthday): 16 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Studdard
13b. MOTHER'S MAIDEN NAME: Boyer
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ruby Ann Wilson, Mt. Vernon, Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (e)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 11 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

NO X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
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* June 11, *19* 50, *to* Dec. 20, *19* 50, *that I last saw the deceased alive on* Dec. 19, *19* 50, *and that death occurred at* 1:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Brasher (Degree or title) M.D.
23b. ADDRESS: Mt. Vernon, Mo.
23c. DATE SIGNED: 12-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-22-50
24c. NAME OF CEMETERY OR CREMATORY: Hamilton
24d. LOCATION (City, town, or county) (State): Sullivan, Mo.

DATE REC'D BY LOCAL REG.: Dec. 22, 1950
REGISTRAR'S SIGNATURE: Cecil Hendricks
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thos. P. Shoffner, Sullivan, Mo.

(Licensed Embalmer. See Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 22 1950
Dist. File 1250-2548
Date Filed 12-22-50

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 .....
Student Embalmer

Signed J. A. Humphrey
Licensed Embalmer No. 4772
P. O. Address Sullivan, 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.