

FILED MAR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9342

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived in institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Eldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> <u>0661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Maple</u>		d. STREET ADDRESS (If rural, give location) <u>S. Maple</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>THURMAN</u> c. (Last) <u>Mudd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 9, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 12, 1885</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>City Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chem. Mfg. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Geo. P. Mudd</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary E. Lunsford</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Mudd</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P.T. Mudd</u>		ADDRESS <u>Eldon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Bladder</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
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) (Min.) _____	
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 <u>May, 1942</u> to <u>Mar 9, 1951</u> , that I last saw the deceased alive on <u>Mar 9, 1951</u> , and that death occurred at <u>12:57 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A.F. Berkstresser, M.D.</u>		23b. ADDRESS <u>Eldon, Mo.</u>	
23c. DATE SIGNED <u>3-10-1951</u>		24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 13, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis M. Pheasant</u>	
DATE REC'D BY LOCAL REG. <u>Mar 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Alveretta Waltz</u>	
25. FUNERAL DIRECTOR'S ADDRESS _____		_____	

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

566

RECEIVED

MAR 20 1951

MILLER COUNTY HEALTH  
DEPARTMENT

1951 ET 10N

MAR 29 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Louis D. Phillips*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3663

P. O. Address Edgar

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.