

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3796

State File No.

No. 300
10.48
JAN 28 1952

REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 4

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>4544</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>RUANGUA</u>		c. LENGTH OF STAY (in this place) <u>1120</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NIANGUA</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SCHICHTT HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>NIANGUA MO 1120</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIS EUGENE DUDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1952</u>			
a. (First)	b. (Middle)	c. (Last)				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 14 1890</u>	9. AGE (in years last birthday) <u>61</u>	IF UNDER 1 YEAR: Months <u>7</u> Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NIANGUA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>SIG DUDLEY</u>	13b. MOTHER'S MAIDEN NAME <u>ANN THOMAS</u>	14. NAME OF HUSBAND OR WIFE <u>ETTA DUDLEY</u>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-05-6624</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ETTA DUDLEY</u>	ADDRESS <u>NIANGUA 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE, CEREBRAL, ACUTE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 HRS.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION, ARTERIOLOSCLEROTIC CHRONIC,</u>		
	DUE TO (c) <u>AND MYOCARDITIS CHRONIC, RHEUMATIC,</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>COMPENSATED,</u>		<u>? YEARS</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4/15 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

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) _____	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 SEPT. 19 49, to JAN. 14, 1952, that I last saw the deceased alive on JAN. 14, 1952 and that death occurred at 1:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>NIANGUA, MO.</u>	23c. DATE SIGNED <u>JAN. 15-52</u>
---	----------------------------------	------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COPENING</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>
DATE REC'D BY LOCAL REG. <u>1-20-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u>	ADDRESS <u>MARSHFIELD</u>

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

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

Julian Goulet

Licensed Embalmer No. *4562*

P. O. Address *Springfield, Va*

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.