

No. 300
10.48

30 FILED FEB 21 1952 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3891

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 23

043
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>043</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>1016 S. WESTERN AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN Co. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>DICKERSON</u> c. (Last) <u>DUDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 2 - 52</u>		
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5. SEX <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 19-1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING</u>	11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>E. M. DUDLEY</u>	13b. MOTHER'S MAIDEN NAME <u>CLARINDA ANGEL</u>	14. NAME OF HUSBAND OR WIFE <u>OTTO WISE DUDLEY</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>SPANISH-AMERICAN - NONE -</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS OTTO DUDLEY</u> ADDRESS <u>MEXICO, MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>6 yrs</u> <u>7 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>renal Calculi</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Kidney had been removed surgically</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>602</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept 1947, 1947, to Feb 2, 1952 that I last saw the deceased alive on FEB 2, 1952, and that death occurred at 10:50 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. Kallmeyer</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>MEXICO, MO</u>	23c. DATE SIGNED <u>FEB 5, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cem</u>	24d. LOCATION (City, town, or county) (State) <u>MEXICO - MO</u>
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DATE REC'D BY LOCAL REG. <u>FEB 5-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold, JR</u> ADDRESS <u>MEXICO, MO</u>
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APR 2 1964

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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 Charles V. Keener

Licensed Embalmer No. 4625

P. O. Address Metairie, La

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.