

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27384

State File No.

FILED AUG 3 1953 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 148

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		<u>0610</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>			d. STREET ADDRESS (If rural, give location) <u>—</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertora</u> b. (Middle) <u>Sue</u> c. (Last) <u>Dudley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 2 - 1940</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u> IF UNDER 2 HRS. Hours <u>—</u> Mts. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Dudley</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State School Records</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS <u>Marshall</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>		II. OTHER SIGNIFICANT CONDITIONS <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Gout</u>	
DUE TO (c) <u>None</u>		19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>		22. I hereby certify that I attended the deceased from <u>1-4</u> , 19 <u>53</u> , to <u>7-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>53</u> , and that death occurred at <u>4:30</u> p. m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Bertora Dudley</u>	
23b. ADDRESS <u>Marshall</u>		23c. DATE SIGNED <u>7-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Paris Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-27-1953</u>		REGISTRAR'S SIGNATURE <u>Ridney Gray</u>		5. GENERAL DIRECTOR'S SIGNATURE <u>Bert Green</u>	
ADDRESS <u>Marshall Mo.</u>		ADDRESS <u>—</u>		ADDRESS <u>—</u>	

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
Student Embalmer

Signed *Geoffrey Green* Student Embalmer No.

Licensed Embalmer No. 4220

P. O. Address Mantoloking

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.