

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35596**

**FILED NOV 2 - 1953**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 978

<b>1. PLACE OF DEATH</b> a. COUNTY <u>GREENE</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD MO</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAN NIANGWA</u> d. STREET ADDRESS (If rural, give location) <u>1120</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LETA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>DUDLEY</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>OCT 24 1953</u>					
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>July 6 1939</u>	<b>9. AGE</b> (In years last birthday) Months Days Hours Mins. <u>14</u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>NIANGWA MO 0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>MARVIN DUDLEY</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ESTHER MORRISON</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>ESTHER DUDLEY NIANGWA</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Drug Poisoning (heavy alcohol)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 d</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) <u>112 (COUNTY)</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from 10-24, 1953, to 10-24-53, 1953, that I last saw the deceased alive on 10-24-53, 1953, and that death occurred at 5:30 AM, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Urban J. Busch MD</u>	<b>23b. ADDRESS</b> <u>609 Cherry Springfield Mo</u>	<b>23c. DATE SIGNED</b> <u>10-29-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>10-27-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>COPENING</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>WEBSTER CO MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-30-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>BARBER-BARTO MARSHFIELD MO</u>
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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

*R. W. Barber*

Licensed Embalmer No. 3848

P. O. Address Mt. Grove

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.