

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36490

State File No.

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5732 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> <u>0610</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Gifford</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Gifford</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emerson Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Nelia</u>	a. (First) <u>N</u>	b. (Middle) _____	c. (Last) <u>Dudley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 26 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>October 10 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>16</u>	IF UNDER 12 HRS. Hours <u>0</u>	Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>J. K. Magers</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Herrin</u>	14. NAME OF HUSBAND OR WIFE <u>J. A. Dudley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alpha Soupos</u>	ADDRESS <u>South Gifford 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>		7 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Jan. 1953 to Oct. 26, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <u>Harold A. ...</u>	23b. ADDRESS <u>Plata Mo</u>	23c. DATE SIGNED <u>10/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chariton Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 30/53</u>	REGISTRAR'S SIGNATURE <u>Daphne Howerton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. W. Callen</u>	ADDRESS <u>South Gifford Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
1

0.300
0.48

(58)

RECEIVED 11.2.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 11.53.180
Date Filed 11.6.53

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 W. H. McCallister

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

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.