

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32855

1093
4

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

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>	c. CITY OR TOWN <u>Troy</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>		STREET ADDRESS (If rural, give location) <u>0510</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MEHELLIS</u> b. (Middle) <u>DUKE</u> c. (Last) <u>DUDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 21 1859</u>
9. AGE (In years) (If under 1 year last birthday) <u>95</u> Months <u>1</u> Days <u>5</u>		9. AGE (In years) (If under 24 hrs.) Hours <u>1</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Minister (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clergy</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>Missouri</u>	
13a. FATHER'S NAME <u>Wm G. Dudley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Mulhairn</u>	
14. NAME OF HUSBAND OR WIFE <u>Maggie Dudley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Dudley</u>	
17. ADDRESS <u>Warrenton 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>Chronic Myocardial</u>		MEDICAL CERTIFICATION <u>Chronic Myocardial Hypertension</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>749</u>	
DUE TO (c) <u>Myocardial Infarction</u>		<u>uh</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sutty</u>		<u>uh</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-331</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>August 1, 1953</u> , to <u>Sept 26, 1954</u> , that I last saw the deceased alive on <u>Sept 27, 1954</u> , and that death occurred at <u>3:00 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. H. Schuchert M.D.</u>		23b. ADDRESS <u>Warrenton Mo</u>	
23c. DATE SIGNED <u>10-4-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 28 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Troy Mo</u>		DATE REC'D BY LOCAL REG. <u>10-5-54</u>	
REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		421	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. G. Coy</u>		ADDRESS <u>Troy Mo</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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Wayne M. Coy*

Licensed Embalmer No. *35-8*

P. O. Address..... *Iron M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.