

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33207**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **307**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 8 weeks	c. CITY OR TOWN Guthrie
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.F.D. # 1	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lewis c. (Last) Hudson			4. DATE OF DEATH (Month) (Day) (Year) Nov 5 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 27 1862	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR 5 11. UNDER 100 HOURS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Near Guthrie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Baxter S. Nevins	13b. MOTHER'S MAIDEN NAME Sally Ann Dozier	14. NAME OF HUSBAND OR WIFE Hiram B. Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) 18	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Baxter H. Hudson ADDRESS Fulton, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Decomposition		4 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pulmonary		24 hrs
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fract. R. Hip E 9030 20	

19a. DATE OF OPERATION 9-2-54 (2)	19b. MAJOR FINDINGS OF OPERATION Wasting Fract R. Hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Callaway Co. Mo (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on Rug

22. I hereby certify that I attended the deceased from **Sept 5, 1954** to **11-5, 1954**, that I last saw the deceased alive on **11-5, 1954**, and that death occurred at **12:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Blair J. Brown M.D.	23b. ADDRESS Fulton, Mo	23c. DATE SIGNED 11-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 7-1954	24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery
		24d. LOCATION (City, town, or county) (State) Rural Callaway Co. Mo

DATE REC'D BY LOCAL REG. Nov. 6-1954	REGISTRAR'S SIGNATURE Martha Lawrence 4267	25. FUNERAL DIRECTOR'S SIGNATURE Wallace General Home ADDRESS Fulton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1958

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 *Denzil e. Browning*

Licensed Embalmer No. *272*

P. O. Address *Fulton*

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.