

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

14595

State File No. _____

FILED JUN 14 1955

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Bates</u>
b. CITY OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Montrose</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 8070</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Dudley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 29, 1868</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>85 11 5 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Edward Stubblefield</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dodds</u>		14. NAME OF HUSBAND OR WIFE <u>Walter 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 ADDRESS <u>Flora Spears Tompkinsville, Ky.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u> <u>5 years</u> <u>1 wtc.</u>
	b. <u>Chr. Myocarditis</u> c. <u>Generalized Bronchitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pneumonia 2900</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Congestive heart failure</u>		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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 May 1, 1952, to June 4, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carter W. Luter M.D.</u>	23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>6/6/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnstown Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Bates Co., Missouri</u>		

DATE REC'D BY LOCAL REG. <u>June 6-55</u>	REGISTRAR'S SIGNATURE <u>Randall Tommy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>(Name) - Underwood Butler, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10 44

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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 *Robert G. Stumbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler,*

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.