

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>606 E. Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>MINNIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1955</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (If wife) <u>Widowed</u>	8. DATE OF BIRTH <u>March 9, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Hudgens</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Jane Barnes</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leonard Hanson</u>	ADDRESS <u>Carrollton 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, arthritis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES <u>ventricular fibrillation</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>coronary sclerosis and infarction</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerosis</u>		<u>6 MIO</u>
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>4201</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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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 12-18, 1955, to 12-18, 1955, that I last saw the deceased alive on 12-18, 1955 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene L. Goble, M.D. F.H.P. F.A.C.S.</u>	(Degree or title) _____	23b. ADDRESS <u>Carrollton Mo.</u>	23c. DATE SIGNED <u>12-20-55</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-21-55</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	45-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley T. Gibson</u>	ADDRESS <u>Carrollton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.46

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 *Ben W. Gibson*.....

Licensed Embalmer No. *296*

P. O. Address *Carrollton*

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.