

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **838**

FILED JAN 16 1957

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin				
b. CITY OR TOWN Union		c. LENGTH OF STAY (in this place) 15yr		c. CITY OR TOWN Union		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 517 E State St				f. STREET ADDRESS (If rural, give location) 517 E State St 836/d				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Mudgett			4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 10, 1873		
9. AGE (In years last birthday) 83		F UNDER 1 YEAR Months 1		F UNDER 1 YEAR Days 3		F UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Mudgett			13b. MOTHER'S MAIDEN NAME Mary Mitchell		14. NAME OF HUSBAND OR WIFE Mabel Mudgett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mabel Mudgett		ADDRESS Collinsville Ill.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Smashed wound of skull and brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) Parenchyma of lung II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 976XH				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union Franklin MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 13 5:45 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suicide				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____; and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. J. Cooper M.D.				23b. ADDRESS Union, Mo.		23c. DATE SIGNED 1/14/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 1-16, 1957		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. Jan 15 57		REGISTRAR'S SIGNATURE W. J. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union, Mo. ADDRESS				

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

JAN 2 1917

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 *Harold Johannsen*
.....

Licensed Embalmer No. 448

P. O. Address Union, T

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.