

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016980

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 15

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Camdenton</b> <b>Osage Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Linn Creek</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mozark Nursing Home</b>		Length of stay in lb <b>6 weeks</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Laura</b> Middle <b>Zetta</b> Last <b>Fudge</b>				4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 4, 1878</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Camden County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Elston Gouge</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Craft</b>		14. NAME OF HUSBAND OR WIFE <b>John Dodson Fudge</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> If yes, give war or dates of service		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Clarence Franklin Linn Creek, Mo. Rt. 1</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the Uterus</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary - Vascular - Renal Disease</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		20f. CITY, TOWN, OR LOCATION <b>---</b>		COUNTY <b>---</b>		STATE <b>---</b>	
21. I attended the deceased from <b>May - 13 - 58</b> to <b>May - 19 - 58</b> and last saw him alive on <b>May 11 1959</b> Death occurred at <b>10:35 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Laura Zetta Fudge</b>				22b. ADDRESS <b>Camdenton, Mo</b>		22c. DATE SIGNED <b>May 20 1959</b>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>burial</b>		23b. DATE <b>May 22, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Freedom Cemetery</b>		23d. LOCATION (City, town, or county) <b>Linn Creek, Missouri Rural</b>	
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>		ADDRESS <b>Camdenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 20 - 1959</b>		26. REGISTRAR'S SIGNATURE <b>Zilpha J. Traur.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Locar, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Walter P. Hedger* .....

Licensed Embalmer No. 4265 .....

P. O. Address Iberia, Missouri .....

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.