

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 27 1959

59-024039

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 4 months	c. CITY OR TOWN Middletown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS RFD # 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First J. Middle Robert Last Mudd			4. DATE OF DEATH Month July Day 17 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1862	9. AGE (last birthday) 96	IF UNDER 1 YEAR Months 11 Days 15
IF UNDER 24 HR Hours 11 Min. 15	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Olney, Missouri	12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Sam Mudd		13b. MOTHER'S MAIDEN NAME Jane Dillon		14. NAME OF HUSBAND OR WIFE Margaret Mudd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-42-9299	17. INFORMANT Address Sam Mudd Silex, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OBSTRUCTIVE JAUNDICE					INTERVAL BETWEEN ONSET AND DEATH 2 MDS
DUE TO (b) COMMON DUCT STONE					"
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WRITE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 6-11-59 to 7-17-59 and last saw him alive on 7-16-59 Death occurred at 8:12 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ronald Shains J MD (Degree or title)			22b. ADDRESS Mexico Mo		22c. DATE SIGNED 7-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-20-59	23c. NAME OF CEMETERY OR CREMATORY St. Alphonsus Cem.		23d. LOCATION (City, town, or county) (State) Millwood, Missouri	
24. FUNERAL DIRECTOR J. O. Mudd Bowling Green, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. July 17-1959	26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 3 0 1960

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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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James O. Waddell

Licensed Embalmer No. 4152

P.O. Address Beverly Hills

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.