

FILED NOV '28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36553

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1024 B

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Cassville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		e. STREET ADDRESS (If rural, give location) <u>(Rural) 2 mi. N. of Cassville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Hudson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 28, 1889</u>	9. AGE (To years last birthday) (Months) (Days) (Hours) (Min.) <u>66 9 17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joe Hudson</u>	13b. MOTHER'S MAIDEN NAME <u>Ada McKenney</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Hudson</u>
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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>567-16-9052-A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lela Hudson</u>	ADDRESS <u>Cassville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 yrs</u>
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paraplegia</u> DUE TO (c) <u>Traumatic injury spine</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ulcer</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592x</u>	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 11-11, 1955, to 11-15, 1955, that I last saw the deceased alive on 11-15, 1955, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>509 Cherry</u>	23c. DATE SIGNED <u>11/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Burial</u>	24b. DATE <u>11-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-25-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cassville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arth. E. Williamson*

Licensed Embalmer No. *488*

P. O. Address *Cassville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.