

No. 300
10.48

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

FILED AUG 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27594

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork 1680	
c. LENGTH OF STAY (to this place) Life		d. STREET ADDRESS (If rural, give location) 5 Miles S.W. Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles S.W. Tipton			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Alfred c. (Last) Mudd			4. DATE OF DEATH (Month) (Day) (Year) 8/8/1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March, 12, 1858	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Ruma, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Mudd		13b. MOTHER'S MAIDEN NAME Margaret Simpson		14. NAME OF HUSBAND OR WIFE Ellen Mudd (Deceased)	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Mudd (Daughter) Tipton, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Chr Chr 33IX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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	

22. I hereby certify that I attended the deceased from **4-1-** 19**20**, to **8-8-50** 19**50**, that I last saw the deceased alive on **4-1-** 19**20**, and that death occurred at **6:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. A. Nune M.D.		23b. ADDRESS Tipton Mo.		23c. DATE SIGNED 8-14-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/10/1950		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Tipton Missouri	
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DATE REC'D BY LOCAL REG. 8-11-1950		REGISTRAR'S SIGNATURE 203 Mrs. Maude Hudson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed. Richards Tipton, Mo.	
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RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-17-58

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
Student Embalmer

Signed Jemelle E. Richardson

Licensed Embalmer No. 2466

P. O. Address: Leptos, Mu

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 this body is not embalmed, fact should be so stated above.