

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

MY FILED 25 65 273

Primary Registration District No.

3051

Registrar's No.

59

STATE FILE NUMBER

0020700

VS 300
Rev. 4/59

1 0795

2 0790

3

4 0

5 2

6

7 1

8 2

9 1/24.1

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Perryville

Length of stay in 1b
3 Weeks

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (State, city or town, and county) If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

c. CITY OR TOWN

Perryville

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

Rte. 5

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Alfred

Middle Enoch

Last Mudge

4. DATE OF DEATH

Month

Day

Year

May

20

1965

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-18-80

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Michigan

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Mudge

13b. MOTHER'S MAIDEN NAME

Eva Harkness

14. NAME OF HUSBAND OR WIFE

Mabel Johnson Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Mrs. Howard Duvall, Scott City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart failure

months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

Pulmonary infarct

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4/29 to 5/20 and last saw him alive on 5/19/65
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-22-65

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

23d. LOCATION (City, town, or county)

Yount, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons

Perryville, Mo.

25. DATE RECD. BY LOCAL REG.

5-21-65

26. REGISTRAR'S SIGNATURE

Joseph Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 28 1965

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Mo.

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.

Young & Sons

Perryville, Mo.

25-55

Embalmer

Young & Sons Perryville, Mo.