

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 58B

Primary Registration District No. 5787

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Rural - Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 43 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11 mi. S.E. of Paris, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.  years.

3. (a) PRINT FULL NAME NELLIE DEE HUGHES

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife FRANK HUGHES  
6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased Nov. 14 1859  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monroe Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name BENJ. TANNER  
13. Birthplace Ya.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARTHA CRIGLER  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Bonney  
(b) Address STARTSVILLE, Mo.

17. (a) BURIAL (b) Date thereof 2-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Victor

18. (a) Signature of funeral director Speed Blakey  
(b) Address Paris, Mo.

19. (a) 2-6-40 (b) J. P. Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 6  
year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1  
1940 to Feb 7, 1940  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 7 Days  
Due to Arterio Sclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) grip  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (a) means of injury  
23. Signature W. M. Kuyper M. D. Paris, Mo.  
Address Paris, Mo. Date signed 2-6-40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 1-3-40-471

Date Filed MAR 4 1940

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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 me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.