

STANDARD CERTIFICATE OF DEATH

State File No. **31206**Registration District No. **104**Primary Registration District No. **3008**Registrar's No. **236**

1. PLACE OF DEATH:

(a) County **Callaway**
 (b) City or town **Fulton, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital #107
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo & 10 days**
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **John Andrew Hughes**

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

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (c) Age of husband or wife if alive **OK** years
 7. Birth date of deceased **aug 20 1871**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **16**
 If less than one day _____ hr. _____ min.

9. Birthplace **oren co Kentucky**
 (City, town, or county) (State or foreign country)

10. Usual occupation **retired Methodist minister**

11. Industry or business

MOTHER FATHER { 12. Name **John Hughes**
 13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)
 14. Maiden name **OK**
 15. Birthplace **OK**
 (City, town, or county) (State or foreign country)

16. (a) Informant **State Hosp #1 Records**
 (b) Address **Fulton, Mo**
 17. (a) **Removal** (b) Date thereof **9 7 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green, Mo**
 18. (a) Signature of funeral director **Hughes**
 (b) Address **Bowling Green, Mo**
 19. (a) **Sept 5, 1941** (b) **J. R. N. Crewe**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**
 (c) City or town **Bowling Green**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5**
 year **1941** hour **2** minute **45** P. M.

21. I hereby certify that I attended the deceased from **July 26**, 1941, to **Sept 5**, 1941,
 that I last saw him alive on **Sept 5**, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral hypostatic bronchopneumonia** Duration **3 days**
 Due to **chronic myocarditis & decompensation** **6 mo**

Due to **General paralysis of the insane** ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations **30 R**

Of autopsy **none made**

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) **no**
 (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)
 (e) Means of injury _____

23. Signature **John J. Blaska MD** (M. D. or other)
 Address **Fulton, Mo** Date signed **9/5/41**

104 (Licensed Embalmer's Statement on Reverse Side)

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 Grace Bassabea

Licensed Embalmer No. 2294

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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