

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21556

FILED JUL 12 1945

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

Registration District No. 360

Primary Registration District No. 6226

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Wernon

(b) City or town Reel - Washington

(c) Name of hospital or institution: State Hosp # 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 yrs

In this community same years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Hells City

(d) Street No. 408

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marshal Hughes

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: DK DK 1882

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 15 1938 to June 26 1945

that I last saw him alive on June 26 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months DK Days DK If less than one day hr. min.

9. Birthplace Cartersville Co. Kentucky

10. Usual occupation None

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

MOTHER FATHER { 12. Name Marshal Hughes

{ 13. Birthplace Kentucky

{ 14. Maiden name Mary J. Baker

{ 15. Birthplace Kentucky

16. (a) Informant Wrip Reed

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof Jun 28 1945

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Alvin E. Baker

(b) Address Nevada Missouri

19. (a) 6-28-45 (b) Hazel B. Bewick

(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_

Lobar pneumonia + Epilepsy

Due to Epilepsy

Other conditions \_\_\_\_\_

Major findings: 108

Of operations \_\_\_\_\_

Of autopsy as above

Duration \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature Alvin E. Baker (M. D. or other) \_\_\_\_\_

Address Nevada Date signed 6/27/45

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

RECEIVED  
District Health Officer No. 7,  
License No. 6-45-668  
Date Filed 7-11-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed: Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, Missouri

**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.