S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15465

FILED JUN 1 1948

Registration District No. 12 | Primary Registration District No. 1000 | Registrar's No. 587

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Metho. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Iowa (b) County: Taylor
(c) City or town: Conway, rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

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3. (a) PRINT FULL NAME: ISAAC NEWTON HUGHES
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Mary Elizabeth
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 19, (Day) 1872 (Year)

8. AGE: Years 75 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace: Murray, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming

FATHER
12. Name: Jeremiah Hughes
13. Birthplace: Unknown, (City, town, or county) West Virginia (State or foreign country)

MOTHER
14. Maiden name: Amy Newton
15. Birthplace: Unknown, (City, town, or county) New Jersey (State or foreign country)

16. (a) Informant: Glen M Hughes
(b) Address: Conway, Iowa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bedford, Iowa
18. (a) Signature of funeral director: Floyd E Shum
(b) Address: Bedford Iowa
19. (a) 5-27-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 6:10 minute AM M.

21. I hereby certify that I attended the deceased from May 19, 1948 to May 25, 1948 that I last saw him alive on May 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion acute	
Due to: Hyp of Prostate.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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:

23. Signature: Chas. Greenlee (M. D. or other)
Address: St. Joseph, Mo. Date signed: 5/26/48

Jefferson City Printing Co.

(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 Myself

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

working under my personal supervision.

Signed Floyd E Shum

Licensed Embalmer No Iowa 2381

P. O. Address Bedford Iowa

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.