

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7881

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

BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>5328</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mi</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parul - Grant</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Malindia</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar - 1 - 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>Feb-21-1890</u>	9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samson Anderson Wambles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Millsap</u>		14. NAME OF HUSBAND OR WIFE <u>James Hughes (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Walter Wambles</u> ADDRESS <u>Prater Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u>					<u>?</u>
		DUE TO (c) <u>Chronic Nephritis.</u>					<u>?</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>231X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 2</u> , 19 <u>49</u> , to <u>March 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 1</u> , 19 <u>49</u> , and that death occurred at <u>2:15 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Buffalo, Missouri</u>		23c. DATE SIGNED <u>3/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mission Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Urbana, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		80 FINERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Urbana, Mo.</u>	

670 08 1949

RECEIVED

District Health Officer No. 7

District File Number 2-49-258

Date Filed 3-21-49

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
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Washington, 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 this body is not embalmed, fact should be so stated above.