

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1949

State File No. ....

No. 300  
10. 48

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

48  
3807

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1280

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>KANSAS CITY MO.</u> ) c. LENGTH OF STAY (In this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner Rt 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Northeast Hosp. KC Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles So- E-20 Hi-way</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>A</u> c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 11. 1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 18: Hours <u>9</u> Min. <u>7</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmwork</u>
11. BIRTHPLACE (State or foreign country) <u>Jackson Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred W. Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Hamilton</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith L. Hughes-Buckner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-22-5430</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith L. Hughes</u> ADDRESS <u>Buckner, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <u>Carcinoma of stomach</u>	
		DUE TO (c) <u>R. Right Lung</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1514</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) m.	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>June 1, 1948</u> to <u>March 18, 1949</u> , that I last saw the deceased alive on <u>March 18, 1949</u> , and that death occurred at <u>noon</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. W. Higgins D.D.</u>		23b. ADDRESS <u>Buckner Missouri</u>	23c. DATE SIGNED <u>March 19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 20. 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-21-49</u>	REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon M. K... ..</u> ADDRESS <u>Buckner Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1949

**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.

Signed.....  
Student Embalmer

Signed Ralph O Jones  
Licensed Embalmer No. 4604  
P. O. Address Buckner, Md

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.