

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14774

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>11</u> | | PRIMARY REG. DIST. NO. <u>5045</u> | | Registrar's No. <u>35</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Wheaton</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wheaton</u> | | d. STREET ADDRESS (If rural, give location) <u>Purdy R. Route</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charity C.</u> | | b. (Middle) <u>Jarvin</u> | | c. (Last) <u>Hughes</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 - 49</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>July 11 - 1863</u> | |
| 9. AGE (In years last birthday) <u>85</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u> | | IF UNDER 24 HRS. Hours <u>8</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u> | | 11. BIRTHPLACE (State or foreign country) <u>D. C.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Urias Johnston</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Clark</u> | | 14. NAME OF HUSBAND OR WIFE <u>Robin Hughes</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Rachel Sharp - Purdy Mo. RR.</u> ADDRESS | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3</u> <u>years</u> <u>4222</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>5-1</u> , 19 <u>49</u> , to <u>4-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>49</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. J. Smith</u> (Degree or title) | | | | 23b. ADDRESS <u>Wheaton Mo.</u> | | 23c. DATE SIGNED <u>4-21-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-22-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Munciey Chappell</u> | | 24d. LOCATION (City, town, or county) (State) <u>- Barry - Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Apr 28 - 1949</u> | | REGISTRAR'S SIGNATURE <u>Grace Williams</u> 100 | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Wheaton Funeral Home - Wheaton Mo</u> ADDRESS | | | |

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

RECEIVED

District Health Officer No. 6.

District File Number 549-526

Date Filed 5-9-49

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 Glen D Williams

Licensed Embalmer No. 4687

P. O. Address Cassville 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.