

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19600

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2532

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 908 E. Armour			

3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) Goodlow			c. (Last) Hughes			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1949						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH June 26, 1881		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Days -		IF UNDER 14 HRS. Hours -		IF UNDER 1 MIN. Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Geo. B. Hughes			13b. MOTHER'S MAIDEN NAME Laura Ellen Teater			14. NAME OF HUSBAND OR WIFE Lydia Hughes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Paul Hughes			ADDRESS 908 E. Armour		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 week	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia hypostatis		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) diabetes & diabetic gangrene						6 mo.	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> arteriosclerotic heart disease		DUE TO (c)							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X						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) 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 **May 30**, 19 **49**, to **June 9**, 19 **49**, that I last saw the deceased alive on **June 9**, 19 **49** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Otto W. Theel M. D.		23b. ADDRESS 1103 E. Armour		23c. DATE SIGNED 6-10-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-11-49		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Denton, Mo.	
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DATE REC'D BY LOCAL REG. 6-11-49		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure		ADDRESS Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

case, injury, or complication which caused death.		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Anteriosclerotic Heart Disease.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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>May 30</u> , 19 <u>49</u> , to <u>June 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 9</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Otto W. Theel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1103 E. Armour</u>		23c. DATE SIGNED <u>June 10, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Denton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-11-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u>		ADDRESS <u>Kansas City, Mo.</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert W. Reed

Licensed Embalmer No. 3245

P. O. Address: K. E. 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.