No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20273

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5263 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Union Township
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Letha
b. (Middle):
c. (Last): Hughes

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1949

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-5-1882
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 6 Days 28
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LaPrairie Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Jesse H. Balfour
13b. MOTHER'S MAIDEN NAME: Nancy Pettijohn
14. NAME OF HUSBAND OR WIFE: Horace E. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Robert Adams
ADDRESS: Rutledge Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

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.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1949, *to* July 3, 1949, *that I last saw the deceased alive on* July 1, 1949, *and that death occurred at* 6:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Shives (Degree or title): D.O.
23b. ADDRESS: Philadelphia Mo
23c. DATE SIGNED: 7-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-3-1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Horb
24d. LOCATION (City, town, or county) (State): Adams Ill.

DATE REC'D BY LOCAL REG.: 7-5-1949
REGISTRAR'S SIGNATURE: Pro E. McLuckie
By Viola Gee Dep. Reg.
25. FUNERAL DIRECTOR'S SIGNATURE: B. M. Allen
ADDRESS: Philadelphia Mo.

(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.

Signed R. M. Gillen

Signed.....
Student Embalmer

Licensed Embalmer No. 2437

P. O. Address Philadelphia 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.