

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26201

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 911

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Washington</u> ) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>RR #3, St. Joseph Buch. County Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #3 (County Infirmary)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) <u>---</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>	11. BIRTHPLACE (State or foreign country) <u>Canada</u>
12. CITIZEN OF WHAT COUNTRY? <u>unk.</u>		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records - County Infirmary - St. Joseph, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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. <u>Arteriosclerosis</u>
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
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>Aug 10th, 1949</u> , to <u>Aug 17th, 1949</u> , that I last saw the deceased alive on <u>Aug 17, 1949</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. W. Tadlock M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo. King Hill Bldg</u>	23c. DATE SIGNED <u>8/19 '49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug 22, 1949</u>	REGISTRAR'S SIGNATURE <u>B. B. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home - St. Joseph, Mo.</u>

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 Charles M. Herman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

**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.