

STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1950

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amstutz Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amstutz</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) <u>CARRIE</u>	a. (First)	b. (Middle) <u>V</u>	c. (Last) <u>HUGHES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17-50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cobred</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 25-1872</u>	9. AGE (In years) (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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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 work</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carson Benton</u>	13b. MOTHER'S MAIDEN NAME <u>Opheelia Benton</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Hughes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Oliver Stevenson St Louis Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>D.K.</u> <u>D.K.</u> <u>446X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bright's Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 17, 1950, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Dreyer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Huntsville Mo</u>	23c. DATE SIGNED <u>4/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 20, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roonole Centry</u>	24d. LOCATION (City, town, or county) (State) <u>Roonole Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 23 1950</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	410	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H-S. Roberson Amstutz Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED MAY 10
District Health Officer No. 58,

District File Number _____

Date Filed 5/11/50

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 H S Robertson

Signed _____
Student Embalmer

Licensed Embalmer No. 31001

P. O. Address Ann's Hong

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.