No. 300
10.48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17697

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1300 WEST MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA 0604
d. STREET ADDRESS (If rural, give location): 1300 WEST MAIN 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WALTER
c. (Last): HUGHES

4. DATE OF DEATH (Month) (Day) (Year): May 13, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1883
9. AGE (In years last birthday): 67
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gallatin, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Seigel Hughes
13b. MOTHER'S MAIDEN NAME: Myrtie Joslin
14. NAME OF HUSBAND OR WIFE: Sadie L. 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.: 499-07-4204
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Sadie Hughes, 1300 W. Main, Sedalia, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive Heart Failure — 1 yr.
DUE TO (c) Chr. Int. Nephritis — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity 5'12"

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* 4-12, 1949, *to* 5-13, 1950, *that I last saw the deceased alive on* 5-12, 1950 *and that death occurred at* 5:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank B. Long (Degree or title) M.D.
23b. ADDRESS: Sedalia, Missouri
23c. DATE SIGNED: 5-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15, 1950
24c. NAME OF CEMETERY OR CREMATORY: High Point Cemetery
24d. LOCATION (City, town, or county) (State): Pettis Co. Mo.

DATE REC'D BY LOCAL REG.: 5-15-1950
REGISTRAR'S SIGNATURE: C. C. Campbell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: D. W. Eckart, Sedalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 22
District Health Officer No. 8,

District File Number

Date Filed 5/22/50

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.

Student _____
Student Embalmer

Signed O. W. Eckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.