

No. 300
10.48

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26422

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5323 Registrar's No. 16-1950

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Knobview Twnshp.		c. LENGTH OF STAY (in this place) 30 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION - - - - -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Knobview Twnshp. 0280	
		d. STREET ADDRESS (If rural, give location) Rosati	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) S. c. (Last) Hughes			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1950			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 29, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days 4	IF UNDER 48 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work or profession, or of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) St. James, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Hughes		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Pearle Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearle Hughes,	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 days 14 months 331X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Permissioa meningis		
	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		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)		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 April 15, 1947, to July 20, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. Hammler, M.D. (Degree or title)		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 7-23-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Crawford County	
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DATE REC'D BY LOCAL REG. 8-12-1950		REGISTRAR'S SIGNATURE Paula A. Shank 352		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.E. Licklider, St. James, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE NO. 4

AUG 21 1950

RECEIVED

AUG 23 1950

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed *Orval E. Licklider*

Signed _____
Student Embalmer

Licensed Embalmer No. 3546

P. O. Address. St James Mex

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.