

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1950

State File No. 27680

169

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Nadaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marion</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stauberry, Mo.</u>		0380			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>S. Alonzo Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Russ</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/6/50</u>						
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>9/4/1888</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Water Conduit Railroad</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stauberry</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Geo. L. Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Lida Russ</u>			14. NAME OF HUSBAND OR WIFE <u>Alon Hughes</u>			
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>W. W. # 1 703-01-1233</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alon Hughes</u>					ADDRESS <u>Stauberry, MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in left shoulder &amp; arm.</u>						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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>E976</u>		
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <u>Stauberry Henry MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 6-1950 9A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide with shot gun</u>					
22. I hereby certify that I attended the deceased from <u>Aug 6</u> , 19 <u>50</u> , to <u>Aug 6</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:01A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles J. Williamson</u>				23b. ADDRESS <u>County, Mo. 2 Stauberry MO</u>		23c. DATE SIGNED <u>Aug 7-1950</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Stauberry, Henry MO</u>			
DATE REC'D BY LOCAL REG. <u>8-10-50</u>		REGISTRAR'S SIGNATURE <u>Kess Holt 229</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Labette Phillips</u>				ADDRESS <u>Stauberry MO</u>

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

7420

OCT 11 1950



SEP 14

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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Staubing 20

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.