S. No. 300
. 10.48

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

241

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 28

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
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) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 506 So. 16th Street

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Edward
c. (Last) Hughes

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 10 2 1884
9. AGE (In years last birthday) 66 — 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) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Stock Exch. Bldg.
11. BIRTHPLACE (State or foreign country) Bowling Green - Ky.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William E. Hughes
13b. MOTHER'S MAIDEN NAME Cynthia Unknown
14. NAME OF HUSBAND OR WIFE Not Known

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. 507-09-9976
17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia M. Scott ADDRESS 506 So. 16th St.

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) Metastatic Carcinoma Liver & Lungs — INTERVAL BETWEEN ONSET AND DEATH 2 MO

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Primary Site Unknown — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 1998

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* 26 Dec, 1950, *to* 9 Jan, 1951, *that I last saw the deceased alive on* 9 Jan, 1951, *and that death occurred at* 2:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clement C. Simmons M.D.
23b. ADDRESS St. Joseph Mo.
23c. DATE SIGNED 10 Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1 12 1951
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) St. Joseph (State) Mo.

DATE REC'D BY LOCAL REG. Jan 12, 1951
REGISTRAR'S SIGNATURE Carl C. Castor 446
25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.