No. 300
10-48

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9646

0850

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 53

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

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Allen Sp.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville 0850
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Argent
c. (Last): Hough

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 15, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days: 9 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: King David Hudgens
13b. MOTHER'S MAIDEN NAME: Mary Thompson
14. NAME OF HUSBAND OR WIFE: Markham Augustus Hough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lucy Morris Waynesville, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute myocarditis	7 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.* DUE TO (b)	Arterio-sclerosis	10 years
DUE TO (c)	Diabetes mellitus	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		260X

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* 3·18, 1951, *to* 3·25, 1951, *that I last saw the deceased alive on* 3·25, 1951, *and that death occurred at* 338A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. O. Dewitt Dr.
23b. ADDRESS: Waynesville Mo.
23c. DATE SIGNED: 3-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/27/51
24c. NAME OF CEMETERY OR CREMATORY: Bloodland Cemetery
24d. LOCATION (City, town, or county) (State): Pulaski County, Missouri

DATE REC'D BY LOCAL REG.: 3-29-51
REGISTRAR'S SIGNATURE: Thelma C. Buckthorpe 389
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges
ADDRESS: Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-29-51
Pulaski County Health Officer
File Number
Date Filed 3-29-51

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.