

FILED MAY 9 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12193

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Henry</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) <u>Stouffville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stouffville</u> <u>V038</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>S. Alonthus, ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Alonthus, ave.</u>			
3. NAME OF DECEASED a. (First) <u>Mrs ANNA</u> b. (Middle) <u>Lydia</u> c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1-1951</u>	
5. SEX <u>ff.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>2-1-1868</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Weston, MO</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			
13a. FATHER'S NAME <u>Jack Reece</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Reece</u>	
14. NAME OF HUSBAND OR WIFE <u>G. L. Hughes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Alva Hughes</u>		ADDRESS <u>Stouffville, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Cancer of Throat</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 _____			
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) (Min.)		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 <u>March</u> , 19 <u>50</u> , to <u>May 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 1</u> , 19 <u>51</u> , and that death occurred at <u>5:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. J. McElroy</u>		23b. ADDRESS <u>Stouffville MO</u>	
23c. DATE SIGNED <u>5-3-51</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hughes Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Stouffville Henry MO</u>	
DATE REC'D BY LOCAL REG. <u>May 6 - 1951</u>		REGISTRAR'S SIGNATURE <u>Edith Schilde</u> <u>430</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Tabby F. Phillips</u>		ADDRESS <u>Stouffville MO</u>	

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



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John H. Phillips

Signed
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Sturbery 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.