

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12432

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pilot Knob		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pilot Knob	
c. LENGTH OF STAY (in this place) 6 yrs.		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ROY	b. (Middle) JAMES	c. (Last) HUGHES	April 11 1951		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH April 17 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James W. Hughes		13b. MOTHER'S MAIDEN NAME Eliza Smith		14. NAME OF HUSBAND OR WIFE #	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Garnett Isbell, 844 Canaan St. Louis 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	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction				30 minutes	
ANTECEDENT CAUSES		DUE TO (b) Coronary insufficiency		2 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic myocarditis		10 years	
II. OTHER SIGNIFICANT CONDITIONS		Diabetes mellitus. Initis left			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 March 6, 1951, to April 11, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 9:00A.M., from the causes and on the date stated above.

23a. SIGNATURE Ben W. Bull 0 (Degree or title) M.D.		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 4-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 2		24b. DATE 4-13-51		24c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial	
				24d. LOCATION (City, town, or county) (State) Park Ironton Mo.	

DATE REC'D BY LOCAL REG. April 14 1951		REGISTRAR'S SIGNATURE Mrs. Anna Jones 128 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Parcel White	
--	--	---	--	---	--

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

470

RECEIVED

APR 19 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

---

---

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 Paul J. White .....

Licensed Embalmer No. 3012 .....

P. O. Address Denton, Tex .....

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.