

No. 300
10. 48

FILED JUL 13 1951

STANDARD CERTIFICATE OF DEATH

19786

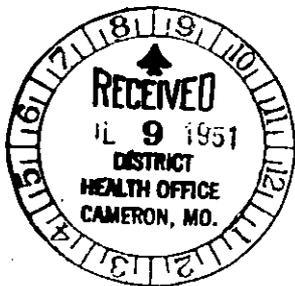
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5372 Registrar's No. 38

370
3

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

1. PLACE OF DEATH a. COUNTY <u>Delaware</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRIN</u> <u>0250</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Weatherby, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bennie</u> b. (Middle) <u>Everett</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 15 1894</u>	9. AGE (In years last birthday) <u>57</u>	10. IF UNDER 1 YEAR Days <u>5</u> Hours <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail-Road</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES B. Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Chan</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie 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>708-14-2480</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Hughes Perrin Mo.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Contusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		
18. INTERVAL BETWEEN ONSET AND DEATH <u>Instant death</u>			33		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Weatherby, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Delaware Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 21 1951 3:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>u.c.</u>		
22. I hereby certify that I attended the deceased from <u>June 21, 1951</u> , to <u>June 24, 1951</u> ; that I last saw the deceased alive on <u>June 21, 1951</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James H. Swartz</u> M.D. (Degree or title)			23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>6/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Osborn Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-8-51</u>		REGISTRAR'S SIGNATURE <u>Rosine Vandover</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. D. Lyon Plattsburg, Mo.</u>	



APR 15 1952

APR 13 1952

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 Carroll D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.