

20649
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FILED JUN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. e37

540
3

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-Dever Twp.</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u> d. STREET ADDRESS (If rural, give location) <u>5 miles south of Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 13 near Higginsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Allen</u> c. (Last) <u>Hughes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-1951</u>		
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9-19-32</u>	9. AGE (In years last birthday) <u>18</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>3</u> Min.
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	11. BIRTHPLACE (State or foreign country) <u>Lexington, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Orville Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Meadie Holler</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Hughes</u> ADDRESS <u>Lexington, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injury, multiple fractures. Chest injury</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Motor cycle - Car</u> DUE TO (c) <u>Callus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>88166</u> <u>26</u> <u>8813</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>M operated</u>		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No 13 Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Higginsville Lafayette Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-16-1951 11:55 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>Motorcycle callus with car</u>	
22. I hereby certify that I attended the deceased from <u>the death</u> <u>8:00 P.M.</u> <u>6-17</u> , 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Martin</u> (Degree or title)		23b. ADDRESS <u>Odesa Mo</u>	23c. DATE SIGNED <u>6-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wachpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
DATE REC'D BY LOCAL REG <u>June 23-1951</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Forest J. Lempe</u> ADDRESS <u>Lexington, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-26-51

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 _____

Harmon W. Johnson

Student Embalmer No. 427

working under my personal supervision.

Student *Harmon W. Johnson*
Student Embalmer

Signed *G. W. McKeen*

Licensed Embalmer No. 2983

P. O. Address *Lehigh Valley*

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.