

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23090

State File No. 3004

FILED AUG 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 2ND</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUNE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4007 CLARK STREET</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u>		b. (Middle) <u>FRANK</u>		c. (Last) <u>HUGHES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-13-1951</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-28-1909</u>			
9. AGE (In years last birthday) <u>42</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTER & BAND LEADER</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown Missouri</u>			
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES HUGHES</u>		13b. MOTHER'S MAIDEN NAME <u>Oliver PUMPHREY</u>			
14. NAME OF HUSBAND OR WIFE <u>LOUISE 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>491-01-9432</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LOUISE HUGHES 4007 CLARK ST. KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Aortic Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm of ascending aorta m.s.</u> DUE TO (c) _____ 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>3 days</u> <u>3 years</u> <u>451X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Walton C. Tugham M.D.</u>				23b. ADDRESS <u>320 W 47th St. No. 2 Mo.</u>		23c. DATE SIGNED <u>7-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 16 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-16-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.A. Newcomer's Sons 331 BRUSH CREEK KANSAS CITY, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Bernard L. Moran

Licensed Embalmer No. *4250*

P. O. Address *K. C. 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.