

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24092**

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 3051		Registrar's No. 161			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly			c. LENGTH OF STAY (in this place) 2 wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly			1883		
d. FULL NAME OF HOSPITAL OR INSTITUTION 537 Horner Street				d. STREET ADDRESS (If rural, give location) 537 Horner Street					
3. NAME OF DECEASED (Type or Print) a. (First) Corena			b. (Middle)		c. (Last) Hughes		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1951		
5. SEX female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Jan. 5, 1897		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Pete Cooper			13b. MOTHER'S MAIDEN NAME Ella ?			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Goldena Proctor; Peoria, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH Terminal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Asthma						1 yr		
	DUE TO (c) <input checked="" type="checkbox"/>								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 June 28, 1951 , to July 6, 1951 , that I last saw the deceased alive on July 6, 1951 , and that death occurred at 10:11 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Clayton S. Jolly D.D.				23b. ADDRESS 203 1/2 N. Clark, Moberly		23c. DATE SIGNED 7/9/51			
24a. BURIAL CREMATION REMOVAL (Specify) burial		24b. DATE 7-9-1951	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Moberly, Missouri				
DATE REC'D BY LOCAL REG. 7-9-51		REGISTRAR'S SIGNATURE Charles Lee			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B Patton Huntsville				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4883
1

md

NOV 16 1951
NOV 14 1951
NOV 29 1951

Date Received: JUL 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1292
Date Filed: JUL 18 1951

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 *Tom B Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville, Va*

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.