

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32347

State File No.

FILED SEP 26 1951

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN Washington Mo
c. LENGTH OF STAY (in this place) 4-4-51
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dade
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED
a. (First) Benjamin b. (Middle) L. c. (Last) Hughes 4. DATE OF DEATH (Month) (Day) (Year) Sept 7-1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct 28-1872 9. AGE (In years last birthday) 78 10. 11. 12.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 10b. KIND OF BUSINESS OR INDUSTRY Mo D 11. BIRTHPLACE (State or foreign country) Mo D 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm Hughes 13b. MOTHER'S MAIDEN NAME Angeline Ball 14. NAME OF HUSBAND OR WIFE Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. Blank 17. INFORMANT'S SIGNATURE OR NAME Worshipful Records ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Sept 7, 1951, that I last saw the deceased alive on Sept 7, 1951, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Death or title) 23b. ADDRESS State Hosp # 3 23c. DATE SIGNED 9-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 9, 1951 24c. NAME OF CEMETERY OR CREMATORY Hickory Grove 24d. LOCATION (City, town, or county) (State) Dade County, Missouri

DATE REC'D BY LOCAL REG. 9-12-1951 REGISTRAR'S SIGNATURE Anna E. Ferris 451 25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RURAL

13
DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

SEP 17 1951

Dist. File

937-1684

Date Filed

9-18-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
J. C. Canada
Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.