

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6277 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Boone Twp.
c. LENGTH OF STAY (In this place) 38 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Wright
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Boone Twp.
d. STREET ADDRESS (If rural, give location) 9 Mi. North West Hartville Mo.

3. NAME OF DECEASED
a. (First) Jesty b. (Middle) Mahlon c. (Last) Hughes

4. DATE OF DEATH (Month) (Day) (Year)
11 22-1951

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7-27-1879

9. AGE (In years last birthday) Months Days 72 3 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE GRACE Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Hughes HARTVILLE, 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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.

INTERVAL BETWEEN ONSET AND DEATH
1 Hour

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)
4201

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 11-22, 1951, to 11-22, 1951, that I last saw the deceased alive on 11-22, 1951, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Worthey, M.D.

23b. ADDRESS Hartville Mo

23c. DATE SIGNED 11-23-51

24a. BURIAL/CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11-24-51

24c. NAME OF CEMETERY OR CREMATORY Mt. Zion

24d. LOCATION (City, town, or county) (State) Wright Co. Mo.

DATE REC'D BY LOCAL REG. 11-28-51

REGISTRAR'S SIGNATURE B. Garner 346

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene G. Holden Hartville, Mo.

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

1140
1

County File Number 1251-120
Date Filed Dec. 1, 1927

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.