

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41658  
5370

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1017 Fuller</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>Albert</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 12 51</u>		
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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>8/23/1946</u>		9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Fred J. Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Coretta O'Shea</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Fred J. Hughes</u>			ADDRESS <u>1017 Fuller</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean 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) <u>Thyroid carcinoma</u> ANTECEDENT CAUSES <u>Asphyxia</u> Morbidity 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 <u>1 wk</u>  <u>1951</u>	
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19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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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?		

2. I hereby certify that I attended the deceased from 12-7-51, to 12-12-51, that I last saw the deceased alive on 12-11-51, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo M. Mueller</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>8548 Indiana</u>				23c. DATE SIGNED <u>12-13-51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kansas City Mo.</u>	
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25a. DATE REC'D BY LOCAL REG. <u>12-14-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Skel</u>			ADDRESS <u>T.C. Mo.</u>		
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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 *Richard C. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *K.C. 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.