

STANDARD CERTIFICATE OF DEATH

2503

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 11

0942

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River 0942	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 306 Pole Street	

3. NAME OF DECEASED (Type or Print) Marcus Ira	a. (First)	b. (Middle) Hughes	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 17, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR 10 Months 16 Days	IF UNDER 24 HRS. 16 Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Man	10b. KIND OF BUSINESS OR INDUSTRY Lead mInoustry	11. BIRTHPLACE (State or foreign country) U. S.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Francis M. Hughes	13b. MOTHER'S MAIDEN NAME Isabell Mackley	14. NAME OF HUSBAND OR WIFE Lena Hughes
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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. 493-03-9735	17. INFORMANT'S SIGNATURE OR NAME Lena Hughes	ADDRESS Flat River, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict of Coroner Jury "Accidental Cause"		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) to his death accidently, death being caused by a fall and a blow on the head		
	DUE TO (c) head		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) head in mine	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Flat River St. Francois Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 3 1952 6:00 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? slipped & fell on ice in parking lot
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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 _____ **6 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Hugel Deputy Sheriff Coroner	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 1/3/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-6-52	24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	24d. LOCATION (City, town, or county) (State) Farmington Mo
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DATE REC'D BY LOCAL REG. Jan. 6, 1952	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer	ADDRESS Deleage, Mo
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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 *J. T. Boyer*.....

Licensed Embalmer No. *3660*.....

P. O. Address *Allespore 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.