

STANDARD CERTIFICATE OF DEATH

FILED APR 7 1952

State File No.

BIRTH NO. REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 4532 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WARREN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARTHASVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARTHASVILLE</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>HUGHES</u> c. (Last) <u>HUGHES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 29 1952</u>		
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5. SEX <u>MALE</u>		8. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 8-1886</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>			11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Joseph R Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Parsons</u>			14. NAME OF HUSBAND OR WIFE <u>Alma Hughes</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-10-2449</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Henry Hughes</u>		ADDRESS <u>404 E. Broadway New Franklin Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the cause of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>acute myocardial infarction</u>		DUE TO (b) <u>chronic myocarditis</u>		<u>1 day</u>	
		ANTECEDENT CAUSES		DUE TO (c)		<u>3 yrs</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept 10, 1950, to Mar 29, 1952, that I last saw the deceased alive on Mar 29, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marthasville Mo</u>		23c. DATE SIGNED <u>4-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLT'S SUMMIT, MISSOURI</u>	
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DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>334-</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

90

72001 9.2.1963

EMAR 9 1963

SEP 10 1963

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 *Robert V. Luttinger*

Licensed Embalmer No. 4318

P. O. Address Marionville, 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.