

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24236

State File No. ....

FILED AUG 12 1952

BIRTH NO. 4173-2 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRIMSON</u>	
c. LENGTH OF STAY (In this place) <u>4 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Glenn</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>Hughes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1952</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>July 21 1952</u>	9. AGE (In years last birthday) <u>4</u> Months <u>1</u> Year <u>4</u> Hours <u>15</u> Min.
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 <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Trenton, Mo.</u>
13a. FATHER'S NAME <u>Arthur Lee Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Anna Willard</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>---</u>	ADDRESS <u>---</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 6 1/2 months</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Just 7 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>---</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	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) <u>774X</u>
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? <u>---</u>

22. I hereby certify that I attended the deceased from July 21st, 1952 to July 21st, 1952, that I last saw the deceased alive on July 21st, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Duffy M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>July 21st 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willis Chapel cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>BRIMSON R.F.D MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-23-52</u>	REGISTRAR'S SIGNATURE <u>Gene Jauris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>David Blackman</u>	ADDRESS <u>Trenton, Mo.</u>
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P.S. Oliver Duffy (Licensed Embalmer's Statement on Reverse Side)

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

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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. 454

working under my personal supervision.

Student

Harold L. Roberts

Student Embalmer

Signed

J. Gordon Blackburn

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.