No. 300
10.48

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

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28580

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLDEN
c. LENGTH OF STAY (In this place): 87 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST 3RD ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLDEN 0510
d. STREET ADDRESS (If rural, give location): WEST 3RD ST

3. NAME OF DECEASED (Type or Print): a. (First) MELVINA b. (Middle) AMICK c. (Last) HUGHES
4. DATE OF DEATH (Month) (Day) (Year): AUG 26 1952
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 19 1864
9. AGE (In years last birthday): 87 IF UNDER 1 YEAR: Months 8 Days 7 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): COOPER CO MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN WESLEY AMICK
13b. MOTHER'S MAIDEN NAME: SUSAN BOWMER
14. NAME OF HUSBAND OR WIFE: J.I. HUGHES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: RAYMOND HUGHES ADDRESS: CENTERVIEW MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis — 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) primary in Uterus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 174X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* July, 19 51, *to* Aug 26, 19 52, *that I last saw the deceased alive on* Aug 26, 19 52, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kelly Rawlins (Degree or title) M.D.
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 8/27/52
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 28 '52
24c. NAME OF CEMETERY OR CREMATORY: HOLDEN CEMETERY
24d. LOCATION (City, town, or county) (State): HOLDEN MISSOURI
DATE REC'D BY LOCAL REG.: 8-31-1952
REGISTRAR'S SIGNATURE: Mrs. James Redford
25. FUNERAL DIRECTOR'S SIGNATURE: Conaway & Rogers ADDRESS: Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 5 1952
JOHNSON COUNTY HEALTH DEPT.

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed M. L. Canaday

Signed.....
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, 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.