

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39543**

**FILED DEC 10 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5799** Registrar's No. **43**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Monroe</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison RR.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison R.R.</b>   |  |
| c. LENGTH OF STAY (In this place) <b>2 hrs.</b>   |  | d. STREET ADDRESS (If rural, give location) <b>0690</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  |  |  |

|                                     |                          |                          |                         |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Danney</b> | b. (Middle) <b>Royce</b> | c. (Last) <b>Hughes</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>11-28-1952</b> |
|-------------------------------------|--------------------------|--------------------------|-------------------------|---|

|                    |                               |  |                                    |  |                                 |                                      |
|--------------------|-------------------------------|--|------------------------------------|--|---------------------------------|--------------------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> | 8. DATE OF BIRTH <b>11-28-1952</b> | 9. AGE (In years last birthday) <b>2</b> | IF UNDER 1 YEAR Months <b>2</b> | IF UNDER 12 HRS. Hours <b>2</b> Min. |
|--------------------|-------------------------------|--|------------------------------------|--|---------------------------------|--------------------------------------|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b> | 11. BIRTHPLACE (State or foreign country) <b>Monroe Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|---|--|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>Mason Hughes</b> | 13b. MOTHER'S MAIDEN NAME <b>Rinda Lou Meals</b> | 14. NAME OF HUSBAND OR WIFE <b>none</b> |
|--|--|---|

|   |                                     |  |               |
|---|-------------------------------------|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred Meals Madison Mo.</b> | ADDRESS _____ |
|---|-------------------------------------|--|---------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr. 15 min.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature</b>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------------|--|--|

|  |  |   |
|--|--|---|
| 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) <b>476X</b> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from **Nov. 28, 1952**, to **Nov. 28, 1952**, that I last saw the deceased alive on **Nov. 27, 1952**, and that death occurred at **1:15 A.M.**; from the causes and on the date stated above.

|  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <b>M. Turner D.O.</b> | 23b. ADDRESS <b>Madison Mo.</b> | 23c. DATE SIGNED <b>11-28-52</b> |
|--|---------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>11/28/52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b> | 24d. LOCATION (City, town, or county) (State) <b>Madison Mo.</b> |
|---|---------------------------|---|--|

|   |  |  |                            |
|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <b>12-5-52</b> | REGISTRAR'S SIGNATURE <b>Elcie Robertson 471</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Thompson</b> | ADDRESS <b>Madison Mo.</b> |
|---|--|--|----------------------------|

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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Fred A. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1470*

P. O. Address *Wendover, Nev.*

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.