

FILED FEB 1 1958

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1063**
 Registrar's No. **112**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1005 Pickwick		d. STREET ADDRESS (If rural, give location) 1005 S Pickwick	
3. NAME OF DECEASED (Type or Print) a. (First) E. b. (Middle) CARL c. (Last) HUGHES		4. DATE OF DEATH (Month) (Day) (Year) January 28, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1882
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President Lbr Co.,		10b. KIND OF BUSINESS OR INDUSTRY Retail Lumber Co.	11. BIRTHPLACE (State or foreign country) Henderson, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles R Hughes		13b. MOTHER'S MAIDEN NAME Nancy Graves	
14. NAME OF HUSBAND OR WIFE Stella Hughes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs Stella Hughes		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH few minutes	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 4222			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 3/29, 1951 , to 1/28, 1953 , that I last saw the deceased alive on 1/27, 1953 and that death occurred at 10:00P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Blenn O. T. ... M.D.		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED 1/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 31, 1953	
24c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery		24d. LOCATION (City, town, or county) (State) Cabool, Missouri	
DATE REC'D BY LOCAL REG. 1-30-53		REGISTRAR'S SIGNATURE Edith Williamson	
5. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer		ADDRESS Springfield, Mo.	

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WRITE PLAINLY—USING UNFAADING 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. -----

working under my personal supervision.

Student
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.