

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILLED FEB 9 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR Farmington TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Doe Run TOWN	
c. LENGTH OF STAY (In this place) RURAL St. Francois 3 Mos. 6 Das		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) WILBURN	c. (Last) HUGHES	4. DATE OF DEATH (Month) (Day) (Year) January 31, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 22, 1880	9. AGE (In years last birthday) Months Days 72 3 9	IF UNDER 1 YEAR IF UNDER 1 HRS. IF UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Loughboro, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas A. Hughes	13b. MOTHER'S MAIDEN NAME Pilina Ritter	14. NAME OF HUSBAND OR WIFE Lelia Womack
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus - - - - - instantaneous		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease - - - - - DUE TO (c)		Unknown
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 416x	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)	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 October 25, 1952, to Jan. 31, 1953, that I last saw the deceased alive on Jan. 31, 1953, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>John L. Brennan, M.D.</i>	(Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 2-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Doe Run Cemetery	24d. LOCATION (City, town, or county) (State) Doe Run, Missouri
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DATE REC'D BY LOCAL REG. Feb. 2, 1953	REGISTRAR'S SIGNATURE <i>Evelyn Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Cozean Funeral Home</i>	ADDRESS Cozean Funeral Home, Farmington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

940
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FILED 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.....

Licensed Embalmer No. *4084*

P. O. Address *Wilmington, Md.*

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.